

**YEAR \_\_\_\_\_ PA State Grange Quarterly Report**

**Please read the enclosed instruction sheet (orange) prior to completing the quarterly reports.**

Grange Name & No. \_\_\_\_\_

Quarter:	__ 1st	__ 2nd	__ 3rd	__ 4th
Date Due:	Apr 30	July 31	Oct 31	Jan 31

- 1 \_\_\_\_\_ Number of **INDIVIDUAL** members **(Do NOT include Junior members.)**  
**(PLEASE SEE INSTRUCTIONS SO YOU START WITH THE RIGHT NUMBER)**
- 2 \_\_\_\_\_ Number of **Members lost** (list names on information sheet)
- 3 \_\_\_\_\_ Number of **Members received** by demit or reinstatement
- 4 \_\_\_\_\_ **Number of INDIVIDUAL members** X \$11.00 each + \$ \_\_\_\_\_  
**(line 1 - line 2 + line 3) DO NOT INCLUDE FAMILY PLAN MEMBERS**
- 5 \_\_\_\_\_ Number of **NEW members initiated** X \$5.00 each + \$ \_\_\_\_\_
- 6 \_\_\_\_\_ **Total individual members** (Line 4 + Line 5) (does not include family plan)
- 7 \_\_\_\_\_ Number of **Family Plans** reported last quarter
- 8 \_\_\_\_\_ Number of **Family Plans lost/dropped**
- 9 \_\_\_\_\_ **Total Number of Family Plans** (line 7 - line 8) X \$22.00 each + \$ \_\_\_\_\_
- 10 \_\_\_\_\_ Number of **Individual Members** included in Line 9 Family Plans
- 11 \_\_\_\_\_ Number of **NEW Family Plans** initiated X \$10.00 each + \$ \_\_\_\_\_
- 12 \_\_\_\_\_ Number of individual members included in Line 11 (New) Family Plans
- 13 \_\_\_\_\_ Total individual Family Plan Members (Line 10 + Line 12)
- 14 \_\_\_\_\_ **Total Members** (Line 6 + Line 13) **(Do NOT include Junior members.)**
- 15 \_\_\_\_\_ Number of **Associate Members** (pays annual fee but takes no obligation or degrees) X \$11.00 each + \$ \_\_\_\_\_  
*(DO NOT include in membership numbers above.) (See National By-Laws Chapter 4.6.13)*
- 16 \_\_\_\_\_ Number of **Pre-2001 Golden Sheaf Members** X \$3.50 each (subtract) - \$ \_\_\_\_\_  
*(DO NOT include Lifetime Members)*
- 17 \_\_\_\_\_ Number of **Lifetime Members** X \$11.00 each (subtract) - \$ \_\_\_\_\_
- 18 \_\_\_\_\_ Number of **Youth Members** X \$7.50 (subtract) **(Youth Age 14-21)** - \$ \_\_\_\_\_  
**NOT included in Family Plans**
- 19 \_\_\_\_\_ Number of **Junior Members** X 1.00 **(1st Quarter ONLY)** + \$ \_\_\_\_\_

Jr. Grange Name & No. \_\_\_\_\_

20 Officers Bond (See Chart) <b>(3rd Quarter ONLY)</b>	<table border="1" style="font-size: small;"> <thead> <tr> <th>Coverage:</th> <th>Cost:</th> <th>Coverage:</th> <th>Cost:</th> <th>Coverage:</th> <th>Cost:</th> </tr> </thead> <tbody> <tr> <td>\$5,000</td> <td>\$50</td> <td>\$15,000</td> <td>\$77</td> <td>\$50,000</td> <td>\$136</td> </tr> <tr> <td>\$7,500</td> <td>\$59</td> <td>\$25,000</td> <td>\$99</td> <td>\$75,000</td> <td>\$168</td> </tr> <tr> <td>\$10,000</td> <td>\$67</td> <td>\$30,000</td> <td>\$106</td> <td>\$100,000</td> <td>\$189</td> </tr> <tr> <td>\$12,500</td> <td>\$72</td> <td>\$40,000</td> <td>\$121</td> <td></td> <td></td> </tr> </tbody> </table>	Coverage:	Cost:	Coverage:	Cost:	Coverage:	Cost:	\$5,000	\$50	\$15,000	\$77	\$50,000	\$136	\$7,500	\$59	\$25,000	\$99	\$75,000	\$168	\$10,000	\$67	\$30,000	\$106	\$100,000	\$189	\$12,500	\$72	\$40,000	\$121			+ \$ _____
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**For coverage over \$100,000 call the State Office.**

21 National Convention Hosting Assessment **(DUE 1st quarter)** \_\_\_\_\_ X \$1.00 + \$ \_\_\_\_\_  
*(Mandatory Assessment of \$1 per member per year.) (Member # from LINE 14)*

22 Adjustments (credit or debit from previous quarter) +/- \$ \_\_\_\_\_

**23 TOTAL ENCLOSED** **\$ \_\_\_\_\_**

- 24 \_\_\_\_\_ Number of Post-2001 Golden Sheaf Members
- 25 \_\_\_\_\_ Number of Affiliate Members included in total membership # listed above  
*A member whose primary membership is in another Grange) (See National By-Laws Chapter 4.6.7)*

Master Signature \_\_\_\_\_  
 Secretary Signature \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_

Make check payable and send completed report to  
 PA State Grange, 20 Erford Road Suite 216, Lemoyne PA 17043