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 including Family Members** (list names on information sheet)
(Please includes members changing to a Family Plan)

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) ***(3rd Quarter ONLY)*** + $ _____

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		

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