

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 4 + \$ _____
(line 1 - line 2 + line 3) DO NOT INCLUDE FAMILY PLAN MEMBERS
- 5 _____ Number of **NEW members initiated** X \$5.00 each 5 + \$ _____
- 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 9 + \$ _____
- 10 _____ Number of **Individual Members** included in Line 9 Family Plans
- 11 _____ Number of **NEW Family Plans** initiated X \$10.00 each 11 + \$ _____
- 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) 16 - \$ _____
(DO NOT include Lifetime Members)
- 17 _____ Number of **Lifetime Members** X \$11.00 each (subtract) 17 - \$ _____
- 18 _____ Number of **Youth Members** X \$7.50 (subtract) **(Youth Age 14-21)** 18 - \$ _____
NOT included in Family Plans
- 19 _____ Number of **Junior Members** X 1.00 **(1st Quarter ONLY)** 19 + \$ _____

Jr. Grange Name & No. _____

20 Officers Bond (See Chart) **(2nd Quarter ONLY)**

Coverage	Cost	Coverage	Cost	Required
\$5,000	\$50	\$50,000	\$88	Fidelity Coverage Appl.
\$10,000	\$58	\$100,000	\$112	Fidelity Coverage Appl.
\$25,000	\$72	Contact State Secretary for more information		

For coverage over \$100,000 call the State Office.

21 National Convention Hosting Assessment **(Due 1st Quarter)** 21 + \$ _____
(Mandatory Assessment of \$1 per member per year.) _____ (Member No. from Line 14)

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

23 TOTAL ENCLOSED **23 \$ _____**

- 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, 26 CJEMS Lane, Mifflintown PA 17059