

APPLICATION FOR ASSOCIATE MEMBERSHIP



Please complete this form and mail it, along with \$30 dues, payable to:  
NEW YORK STATE GRANGE

Attn: State Grange Secretary, 100 Grange Place, Cortland, New York 13045

I wish to be an Associate Member of the New York State Grange and help sustain the work of the Grange. As an Associate Member, I understand that I am entitled to member services. I also understand that I am without vote in the Grange organization until I choose to become an initiated member of a Subordinate or Community Grange.



(please print)

NAME \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

OCCUPATION/BUSINESS \_\_\_\_\_

LOCAL GRANGE AFFILIATION (if you choose to be affiliated with a local Subordinate/Community Grange, that Grange will receive \$10 of your dues and be credited with your membership, even though you are not an initiated member:

GRANGE \_\_\_\_\_ # \_\_\_\_\_ COUNTY \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_