

SECRETARY'S QUARTERLY REPORT

SUBORDINATE GRANGE	GRANGE #	COUNTY/POMONA

Report for quarter ending: 3/31, 20__ 6/30, 20__ 9/30, 20__ 12/31, 20__

Number of Meetings this quarter Average attendance at meetings

MEMBERS GAINED

(Birth dates required for ALL members under 24)

*PLEASE WRITE APPROPRIATE INFO IN BOX

*Are they new or reinstated, within state or out of state and in family membership be sure to provide all the names of the family members.

REMEMBER: What you PRINT below goes in our database - Please make sure all your information is correct and thorough!			What type of member? - Check below				
GN	NAME	ADDRESS, ZIP (Required)	Reg.	Family	Affiliate	Demit	Assoc.
Yes No			<input type="checkbox"/> New <input type="checkbox"/> Re-instated				
Yes No			<input type="checkbox"/> New <input type="checkbox"/> Re-instated				
Yes NO			<input type="checkbox"/> New <input type="checkbox"/> Re-instated				
Yes No			<input type="checkbox"/> New <input type="checkbox"/> Re-instated				
Yes No			<input type="checkbox"/> New <input type="checkbox"/> Re-instated				
Yes No			<input type="checkbox"/> New <input type="checkbox"/> Re-instated				
Yes No			<input type="checkbox"/> New <input type="checkbox"/> Re-instated				
Yes No			<input type="checkbox"/> New <input type="checkbox"/> Re-instated				

Fees

1. New Individual and Associate Members (fee @ \$1.00 each) \$ _____

2. New Family Members (fee @ \$2.00 per family group) \$ _____

3. Reinstated members (over one year - fee @\$1.00 each) \$ _____

Total fees to be paid with this quarterly report (Add lines 1 thru 3) \$ _____

OVER

SECRETARY'S QUARTERLY REPORT, CONTINUED...

MEMBERS LOST

***PLEASE WRITE APPROPRIATE INFO IN BOX**

* For reason, enter one of the following: death, demit, suspended (by request or non-payment of dues)

REMEMBER: What you PRINT below goes in our database - Please make sure all your information is correct and thorough!		Reason for Member lost		
NAME (as it appears on membership list)	ADDRESS	DEATH	DEMIT	SUSPENDED

LIST ALL MEMBERSHIP CHANGES BELOW

i.e., Name, (Give previous name and new name), address, stop or receive Grange News
(Join dates cannot be changed without required proof - call state headquarters for more information)

SEND ORIGINAL TO WSG HEADQUARTERS, A COPY TO POMONA SECRETARY AND KEEP A COPY FOR YOUR RECORDS

Secretary's Signature	Date	Master's Signature	Date
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