



APPLICATION FOR MEMBERSHIP

Name_____

Address_____

City_____State_____Zip_____

Phone_____Email_____

I hereby apply for membership in Chimacum Grange #681 and attest that I am 13.5 years of age or older. I desire to unite with others in elevating and advancing the interest of rural community life, receiving in turn the benefits and advantages of those who belong to the Grange.

Signature of Applicant_____Date_____

Recommended by_____and_____

Regular Membership Annual Dues are \$50.

Please make your check payable to Chimacum Grange #681. Bring it with this application to a Grange meeting or mail it to PO Box 604, Chimacum, WA 98325.