

APPLICATION FOR MEMBERSHIP CAPITAL CITY GRANGE #469

Name: _____ Email: _____

Mailing address: No. & street: _____

Town, State, Zip: _____ County: _____

Phone: _____ Occupation: _____

Are you 13-1/2 yrs. of age or older? _____ Application Date: _____

I hereby apply for membership in Capital City Grange #469. I desire to unite with others in elevating and advancing the interest of Community Life, Family Values and Agriculture, receiving in turn the benefits and advantages of those who belong to the Grange. I promise a faithful compliance with the Bylaws of this Grange, and the Constitution and Bylaws of the State and National Granges. I have not previously applied for membership in this or any other Grange during the past six months.

Signature of Applicant: _____

*Dues: \$36 per year, payable by check to
Capital City Grange*

<p>Mail application & check to:</p> <p>Bill Meckel, Secretary 1681 West St. Brookfield, VT 05036 or give to any officer of the Capital City Grange.</p> <p>Candidates will be voted on at the next Grange meeting after your application is received.</p>	<p>What else should we know about you? What would you like to do as part of the Grange? What are your special skills or interests?</p>
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