

## **Connecticut State Grange**

CHECK ENCLOSED YES \_\_\_\_\_ NO \_\_\_\_\_

**Quarterly Report** 

Grange No.

for the	Quarter	Ending
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\_\_\_\_\_ 20 \_\_\_\_\_

Should be mailed in time to reach the State Grange Office/State Secretary by the 5th day of month following close of quarter.

A) MEMBERSHIP CALCULATIONS		QUARTERLY REPORT DUES CALCULATIONS								
Total Number of Members last quarter Membership Loss By Demit By Death By Suspension By Resignation Total Total Total number of students		Total of "A" (Adj. total # of members) x \$7.50 = \$								
		Subtract total of "B" (Golden Sheaf Exempt) - \$								
		Add total of "C" (Family Plans)								
		Add total of "D" (Students)						+ \$		
Total # of family plan members	Add total of "E" (Associate Members)							+ \$		
(This is the total # of individuals in all family plans) Adjusted total # of members		Add total of "F" (Membership Fee)								
<ul> <li>B) GOLDEN SHEAF (50 yr. member prior to 2001)</li> <li># of Golden Sheaf members exempt from dues x \$7.50 = \$</li> </ul>		LATE FEE (Add \$25 if <u>report is 15 days past due date.</u> )								
	Ad	d Other F	ees					+ \$		
C) FAMILY PLANS # of Family plans x \$8.25 = \$		TOTAL DUE CONN. STATE GRANGE = \$								
(This is the number of families, not individual members)	<b>F</b> )	F) END OF QUARTER MEMBERSHIP CALCULATIONS								
D) STUDENTS		Total number of members last quarter (FIRST LINE OF SEC. "A")								
# of Students x \$1.13 = \$		Losses due to death, demit, suspension, withdrawal -								
E) ASSOCIATE MEMBERS (These are not affiliate members) For each Associate Member or Organization		Gains due to initiation, demit, and/or reinstatement +								
		<b>Total Members Close of this Quarter</b> = This total becomes your membership total for Section A on your next Report.								
x \$7.50 = \$		s iolai be	comes yc		ersnip to	lai 101 Sec	Suon A on	ryour nez	кі пероп.	
F) MEMBERSHIP FEE For each person initiated this quarter x \$2.50 = \$		SUB./	сомм	UNITY	BROT	HERS	519	отгре		
		SUB./COMMUNITY:       BROTHERS       SISTERS         AFFILIATED JR. MEMBERS:       BOYS       GIRLS								
x		AFFIL	ATED	JR. ME	MBER	S: BOY		-		
						1	s	GIRLS		
Names of those who have taken degrees or otherwise changed since last report.	Date of st & 2nd	Date of 3rd & 4th	Date of Obligation	Date of Welcome	Date Admitted	Date of	S Date withdrawn	GIRLS Died (Indicate if	Date Suspend.	
Names of those who have taken degrees or otherwise changed since last report.		Date of	Date of	Date of Welcome	Date	Date	S	GIRLS Died	Date	
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We certify that the above report is a correct standing of the membership of this Grange.

MASTER

APPLY GRANGE SEAL HEBE SECRETARY

ADDRESS (INCLUDING ZIP CODE)

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PLEASE RETURN BOTH COPIES TO: Connecticut State Grange, **100 Newfield Rd., P.O. Box 3, Winchester Center, CT 06094** *Please make a copy for your records (the yellow copy will be returned to you by the State Secretary).*(Revised 12/22)