

**BOND APPLICATION**

GRANGE NAME AND # \_\_\_\_\_

SECRETARY'S NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

\_\_\_\_\_

**OFFICERS TO BE COVERED BY THIS BOND:**

SECRETARY \_\_\_\_\_

TREASURER \_\_\_\_\_

CWA CHAIRMAN \_\_\_\_\_

OTHERS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WE HEREBY CERTIFY AND GUARANTEE THAT ALL THE ACCOUNTS TO BE COVERED HAVE BEEN DULY AUDITED AND FOUND CORRECT. WE ALSO VERIFY THAT A COPY OF THESE AUDITS ARE ON FILE WITH THE GRANGE SECRETARY AND ARE AVAILABLE FOR INSPECTION.

\_\_\_\_\_  
MASTER'S SIGNATURE

\_\_\_\_\_  
SECRETARY'S SIGNATURE

GRANGE SEAL

\_\_\_\_\_  
AUDIT COMMITTEE CHAIRMAN SIGNATURE

PLEASE MAKE CHECKS PAYABLE TO: MAINE STATE GRANGE

RETURN FORM AND PAYMENT TO: MAINE STATE GRANGE  
146 STATE STREET  
AUGUSTA, ME 04330