

SUBORDINATE GRANGE
PATRONS OF HUSBANDRY
CARD OF DEMIT

This is to Certify that _____
is a member in good standing of _____
Subordinate Grange No. _____ in the County of _____,
State of _____ and is clear on the books at the time of
granting this Demit--dues having been paid to _____, 20 _____

**We recommend him/her for membership in any Subordinate
Grange to which he/she may apply.**

_____ Master
_____ Secretary



Dated _____, 20 _____

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_____ Secretary



Dated _____, 20 _____

AFFILIATION RECORD

Fill in the following record if the date is available:

Grange	No.	Date Joined	State	Date Terminated	Degrees Held

Member's
Address _____
City _____ State _____ Zip _____

AFFILIATION RECORD

Fill in the following record if the date is available:

Member's
Address _____
City _____ State _____ Zip _____

AFFILIATION RECORD

Fill in the following record if the date is available:

	No.				

Member's
Address _____
City _____ State _____ Zip _____

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Fill in the following record if the date is available:

Member's
Address _____
City _____ State _____ Zip _____