Gran	ge #;;	Pomona
For Quarter Ending, 20  Due: Postmarked on or before the 5 <sup>th</sup> of the month following each quarter) Press Firmly with Pen to		MBERS GAINED OR LOST ST THREEE MONTHS
insure that the Bottom Pages Copy	Use the following letters in designating the manner in which a member was gained or lost	
Met times this quarter.	ADDED BY	LOST BY
	I Initiated	Death – Death
Secretary	O – Obligated	Demit - Demit
,	D – Unexpired Demit	W - Withdrawal
Address	R – Reinstated	NP – Non-payment
	A – Affiliate	. ,
Phone		
	NAMES	ADDED LOST
E-mail:		
Master		
Address		
Phone		
E-mail:		
Total members from last report (line 13)  Gains		
2. By Initiation		
3. By Obligation	ADDED NAME	. 4
4. By Affiliation		
5. By Unexpired Demit		
6. By Reinstatement		
7. By Merger / Consolidation		
8. Total of lines 1, 2, 3, 4, 5, 6, & 7	EMAIL	
Losses		~~~~~~
9. By Demit	ADDECS	
10. By Death	ADDRESS	
11. By Suspension	PHONE	
12. Total Losses (lines 9, 10, 11)	PHONE	
13. Total Membership (subtract line 12 from 8)	EMAIL	
14. Number Exempt Golden Sheaf		
15. Number Non-Exempt Golden Sheaf	~~~~~~	~~~~~~~~~
16. Total Golden Sheaf (add lines 14 & 15)	CHANGED NAME	
17. Members for dues purposes	CHANGED ADDRESS	
(subtract line 16 from 13)		
	PHONE	
FINANCIAL STATEMENT		
Send the State Sec: \$5.75 x # of members on line 17	EMAIL	
Make check payable to Maine State Grange	~~~~~~~~	~~~~ ~~~~~~
Total Amount Sent	Additional Reporting Info	Total Junior Members

MAINE STATE GRANGE Subordinate Quarterly Report Form of