Patrons of Husbandry

STATE OF CONNECTICUT

Secretary's Quarterly Report . . . . . Grange No. . . . . .

For the Quarter Ending . . . . . 20 . . . . . .

Should be mailed so as to reach State Secretary by 5th of month following close of quarter.

NAMES OF THOSE WHO HAVE TAKEN DEGREES OR OTHERWISE CHANGED SINCE LAST REPORT	Date of First Degree	Date of Second Degree	Date of Third Degree	Date of Fourth Degree	Date Admitted by Demit	Date Reinstated	Date Withdrawn by Demit	Died Indicate if G.S. Member	Date Suspended for non-payment of Dues
Name Change by Marriage									

HAVE YOU CHECKED FOR 25, 50, 60 or 75 YEAR MEMBERS RECENTLY?

RETURN YELLOW COPY WITH REPORT

CHECK ENCLOSED YES ☐ NO ☐

MEMBERSHIP

BROS. . . . . . **SIS.** . . . . . .

HEAD No. 1	HEAD No. 2			HEAD No. 3			HEAD No. 4	HEAD No. 5	HEAD No. 6	HEAD No. 7
Number of Members at close of last quarter	GAIN			LOSS			Number of Members to Date Add No. 1 and 2 Minus No. 3	Membership Fee $2.50 each person Initiated During Quarter	Due State Grange for Quarterly Dues Head No. 1 Less No. 3 at $5.25 for each member.	Total Amount Due State Grange
	By Initia'n	By Demit	By Re-inst.	By Demit	By Death	Suspended Non-pym't of Dues				Dues $ . . . . .
										Less G.S. Members _____
										Total $ . . . . .
										And Fees $_____
								$	$	Grand Total $ _____

We certify that the above report is a correct standing of the membership of this Grange. Enclosed is total amount shown under Heading No. 7.

. . . . . .
MASTER

(SEAL)

. . . . . .
SECRETARY

. . . . . .
ADDRESS ZIP CODE No.

. . . . . .
ADDRESS ZIP CODE No.

Regular meetings of this Grange have been held on the . . . . . of each month as prescribed by the Digest.

Secretary copy this report in Records of Grange for reference in making next Quarterly Report.

(Tear off and mail to your Pomona Secretary each quarter)

PLEASE SEND THIS PROMPTLY

Subordinate Secretary's Quarterly Report to Pomona Secretary

. . . . . , Grange No. . . . . to . . . . . Pomona Grange No. . . . . .

Quarter ending . . . . . .

NAME	DATE SUSPENDED	DATE DEMITTED	DATE DIED	DATE REINSTATED

Your Pomona Secretary will appreciate a prompt report each quarter.