



CONNECTICUT STATE GRANGE

Quarterly Report

CHECK ENCLOSED
YES _____
NO _____

_____ Grange No. _____

for the Quarter Ending _____ 20 _____

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

A) MEMBERSHIP CALCULATIONS

Total Number of Members last quarter _____
 Membership Loss _____
 By Demit _____
 By Death _____
 By Suspension _____
 By Resignation _____
 Total _____ ---> - _____
 Total number of students _____ - _____
 Total # of family plan members _____ - _____
Adjusted total # of members _____

QUARTERLY REPORT DUES CALCULATIONS

Total of "A" (Adj. total # of members) _____ x \$6.25 = \$ _____
 Subtract total of "B" (Golden Sheaf) - \$ _____
 Add total of "C" (Family Plans) + \$ _____
 Add total of "D" (Students) + \$ _____
 Add total of "E" (Membership Fee) + \$ _____
 Add Other Fees _____ + \$ _____
 _____ + \$ _____

B) GOLDEN SHEAF (50 yr. member prior to 2001) # of Golden Sheaf members _____

_____ x \$6.25 = \$ _____

TOTAL DUE CONN. STATE GRANGE

= \$ _____

C) FAMILY PLANS

of Family plans _____ x \$7.00 = \$ _____

F) END OF QUARTER MEMBERSHIP CALCULATIONS

Total number of members last quarter (FIRST LINE OF SEC. "A") _____
 Losses due to death, demit, suspension, withdrawal - _____
 Gains due to initiation, demit, and/or reinstatement + _____
Total Members Close of this Quarter = _____

This total becomes your membership total for Section A on your next Report.

D) STUDENTS

of Students _____ x \$1.13 = \$ _____

SUB./COMMUNITY: BROTHERS _____ SISTERS _____

AFFILIATED JR. MEMBERS: BOYS _____ GIRLS _____

E) MEMBERSHIP FEE

For each person initiated this quarter
 _____ x \$2.50 = \$ _____

Names of those who have taken degrees or otherwise changed since last report. (Including name changes by marriage)	Date of 1st & 2nd Degrees	Date of 3rd & 4th Degrees	Date of Obligation Ceremony	Date of Welcome Ceremony	Date of Admitted by Demit	Date of Reinstatement	Date withdrawn by Demit	Died (Indicate if a G.S.)	Date Suspend. for N.P.D.

We certify that the above report is a correct standing of the membership of this Grange.

MASTER

SECRETARY

APPLY
GRANGE SEAL
HERE

ADDRESS (INCLUDING ZIP CODE)

ADDRESS (INCLUDING ZIP CODE)

Regular meetings of this Grange are held on the _____ of each month as prescribed by the Digest.
 Mailing List Change Form is enclosed with this report _____ No changes to mailing list this quarter _____

PLEASE RETURN BOTH COPIES TO: Connecticut State Grange, 100 Newfield Road, 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).