



Aromas Grange Centennial Celebration  
1913 - 2013

# Aromas Community Grange

Mail Form & Check to: Aromas Community Grange  
P.O. Box 562, Aromas, CA 95004

## New Membership Form

Name: \_\_\_\_\_ Birthday \_\_\_\_\_  
(If over 21 years old, no year required)  
Partner/Spouse Name: \_\_\_\_\_ Birthday \_\_\_\_\_  
E-mail address: \_\_\_\_\_ Partner/Spouse e-mail: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Partner's Cell Phone: \_\_\_\_\_ Add'l Cell Phone: \_\_\_\_\_

Your privacy is important to us. Your e-mail address will not be shared with outside groups.

I wish to receive newsletter by  email or  regular postal mail. **If you do not list your e-mail address/es the newsletter will automatically be sent by postal mail.**

### YEARLY DUES

\_\_\_\_ Adult Membership ..... \$35.00 \_\_\_\_\_ **each adult**  
\_\_\_\_ Family Membership (2 adults with children) ..... \$70.00 \_\_\_\_\_

**If you're joining (July-Dec. ) dues are half. (\$70 family becomes \$35)** Total: \$ \_\_\_\_\_

I would like to be a "Friend of the Grange" (no voting rights) and make a contribution: \$ \_\_\_\_\_

I'd like to make a tax deductible contribution to:

Make check payable to: Teressie White Memorial Scholarship Foundation \$ \_\_\_\_\_

Make check payable to: Neighbors Helping Neighbors (NHN) \$ \_\_\_\_\_

I/We would like to participate in the following:

	Interested	Experienced		Interested	Experience
	In	With		In	With
Construction	( )	( )	Gardening/	( )	( )
Scholarship Fund	( )	( )	Landscaping	( )	( )
Cooking	( )	( )	Cleaning	( )	( )
General Repair	( )	( )	Cashiering/	( )	( )
Event Promotion	( )	( )	Ticket taking	( )	( )
Family Nights	( )	( )	Grange Promotion	( )	( )
NHN Food Distribution	( )	( )	Charity Work NHN	( )	( )
Performing on Stage	( )	( )	Computer/website	( )	( )
Newsletter	( )	( )	Grange Membership	( )	( )
Grange Leadership	( )	( )	Pancake Breakfast	( )	( )
Fundraising Team	( )	( )	Junior Grange/Youth	( )	( )

**Back page must be completed:**

**The Aromas Grange Oath:**

Please read and sign the oath below. If there is more than one person in your family, please have them **complete this form and return with payment to: Aromas Grange**  
**P.O. Box 562**  
**Aromas, CA 95004**

I agree to the following:

- To encourage, empower, guide and support fellow members,
- To be honest, share, treat others with respect and compassion and expect the same from them,
- To give generously of my time and talents, and provide support and respond to meet the community's needs,
- To encourage the sustainable availability of wholesome nutritious food,
- To show responsibility to our environment, locally and beyond,
- To conform to and abide by the by-laws of my state and national Granges, their constitutions, rules and regulations of the Grange at all levels.
- To pay my annual dues in a timely manner.

In presenting this application, I am influenced by no motive other than a desire to unite with others in elevating and advancing the interest of my community through the principles of the Grange and receiving in return such benefits and advantages as may accrue to all who belong to the Grange. *I promise a faithful compliance with the by-laws of this Grange and the constitution and by-laws of the State and National Grange.* I have not previously applied for membership in this or any other Grange within the last 6 months.

Your signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Partner/Spouse Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name \_\_\_\_\_

Add'l Family :Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name \_\_\_\_\_ Birthday: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name \_\_\_\_\_ Birthday: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name \_\_\_\_\_ Birthday: \_\_\_\_\_