

ILLINOIS STATE GRANGE QUARTERLY REPORT FORM

Grange Name/Number _____ Quarter Ending _____

Total Members at end of Last Quarter _____ Dues enclosed with this report \$ _____

Members GAINED This Quarter _____ Members LOST This Quarter _____

Make checks payable to ILLINOIS STATE GRANGE and mail check and form to:

Brian Keller, 703 E 2nd St, O'Fallon IL 62269 - Questions? Email: brianjkeller@gmail.com

Quarter end dates are: March 31, June 30, September 30, December 31

Reports are due: April 15, July 15, October 15, January 15

Part 1 - Individuals (Total number of Members who are not in Family Plans or who are not Associate Members. Break them out by category as listed below.)

A. Golden Sheaf Exempt (50 years prior to 2001) # _____ X \$8.25 = \$ _____

B. Golden Sheaf Non-exempt (50 years 1/1/2001 and after) # _____ X \$8.25 = \$ _____

C. 14-17 Year-olds # _____ X \$1.50 = \$ _____

D. Affiliate Members # _____ X \$7.50 = \$ _____

E. All Other Individuals (everyone not included above) # _____ X \$8.25 = \$ _____

F. TOTAL FOR PART 1 (Add A + B + C + D + E)  **F** # _____ \$ _____

Part 2—Family Plans

G. Total Number of Family Plans  **G** # _____ X \$16.50 \$ _____

H. Total Number of Members IN Family Plans  **H** # _____

Part 3—Associate Members

I. Total Number of Associate Members  **I** # _____ X \$6.00 \$ _____

TOTAL MEMBERSHIP (Add F + H + I in # column) _____

TOTAL AMOUNT DUE (Add F + G + I in \$ column) \$ _____

Number of +1 Juniors (Jr Grangers in a Grange without a Jr Charter) _____

Number of Juniors in a Jr Grange with a Charter _____ Do you have a Jr Charter YES or NO

I certify that this is a correct and accurate report of the membership of my Grange

Master/President _____ Date _____

Secretary _____ Date _____



Rev Mar 2025