

National Grange Youth Officer Team

Name:	Age and Gender:
Grange Name:	Grange Number:
Address:	Phone:
Email:	Date Joined Grange:
How has the Grange impacted you? (4-5 sentences)	Officer Choice: 1st _____ 2nd _____ 3rd _____

Disclaimer: I hereby apply to be considered for the National Grange Youth Officer Team. I understand that as a member of the team, I will be expected to attend all youth activities/workshops outlined in my orientation guide that I will receive at the beginning of convention. I will be expected to be on my best behavior as a representative of my State Grange, my family, and as a member of the and representative of the National Grange Youth team. I understand that I will be attending this event at my own cost and am responsible for any fees and expenses incurred. By signing below, I also give my permission to be photographed and appear in any publications produced by the National Grange.

Printed Name: _____

Signature: _____

Date: _____

If under the age of 18 Parent Consent:

(Printed Name)

(Signature)

SUBORDINATE OR STATE GRANGE CERTIFICATION

This will certify that the above-named person is an active member in good standing of our Grange and is eligible to participate in this program, and that the information contained in this report is correct to the best of your knowledge:

SUBORDINATE OR STATE PRESIDENT OR YOUTH DIRECTOR

Printed Name: _____

Signature: _____

Date: _____