

John Trimble Legislative Experience Application

Name:	Age:
Grange Name:	Grange Number:
Address:	Phone:
Email:	Date Joined Grange:
What do you find most meaningful with the legislative aspect of the Grange?	Select top 3 Committees you are interested in serving on: <input type="checkbox"/> Citizenship & Taxation <input type="checkbox"/> Conservation <input type="checkbox"/> Labor, Judiciary & Transportation <input type="checkbox"/> Agriculture <input type="checkbox"/> Education and Health <input type="checkbox"/> Grange Law <input type="checkbox"/> Grange Growth

<p>Participation Waiver: By agreeing to participate in the John Trimble Legislative Experience I will be able to attend the National Grange Convention for the entire week and will be able to cover any costs associated with attending the convention. I understand that if I am unable to comply with rules set forth by the National Grange Youth Director and Legislative Director, I will be held liable to repay any expenses associated with my attendance. By signing below, I also give my permission to be photographed and appear in any publications produced by the National Grange.</p> <p>Printed Name: _____</p> <p>Signature: _____</p> <p>Date: _____</p> <p>If under the age of 18 Parent Consent:</p> <p>_____</p> <p>(Printed Name)</p> <p>_____</p> <p>(Signature)</p>	<p style="text-align: center;">SUBORDINATE OR STATE GRANGE CERTIFICATION</p> <p>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:</p> <p style="text-align: center;">SUBORDINATE OR STATE PRESIDENT OR YOUTH DIRECTOR</p> <p>Printed Name: _____</p> <p>Signature: _____</p> <p>Date: _____</p>
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