



Membership Form

For Year: \_\_\_\_\_

Please check one: \_\_\_\_\_ New Membership or \_\_\_\_\_ Renewal Membership  
Individual \$40. or Family (two or more people in one household) Membership \$80

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

For family memberships please provide names of other household members.

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Total Membership Amt. Paid: \$ \_\_\_\_\_

I don't wish to be a member, but here's my donation of: \$ \_\_\_\_\_

Please make checks payable to  
"Altona Grange, no. 127 "

Mail to the Altona Grange Membership Chair:

Donlyn Arbuthnot  
237 Summit Circle  
Lafayette, CO 80026