



Membership Form

For Year:

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

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 \_\_\_\_\_

Total Membership amount paid: \$ \_\_\_\_\_

*Make checks payable to  
Altona Grange, no. 127*

*Mail to:  
Altona Grange  
P. O. Box 28  
Hygiene, CO 80533*

If you don't wish to become a member at this time, please consider making a tax-deductible donation to our foundation. Donations benefit the upkeep and preservation of the Altona Grange Hall building.

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

*\*\*For a tax-deductible donation only, make check payable to: **P.I.C.K.**, write "Altona Grange" in memo of check. Mail to the grange's address above.*