

**National Grange John Trimble Youth Legislative  
Experience Application**

Grange Name \_\_\_\_\_ Grange No. \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Region \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone number \_\_\_\_\_ e-Mail address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Current age \_\_\_\_\_

Are you a Male \_\_\_ or a female \_\_\_ (Please check one)

Date of joining Grange \_\_\_\_\_ Total average meeting attendance \_\_\_\_\_

Number of regular Subordinate Grange meeting held in the last year \_\_\_\_\_

Number of regular Subordinate Grange meetings you attended this last year \_\_\_\_\_

Highest Degree held in the Grange? \_\_\_\_\_

Current Office or Committees serving on? \_\_\_\_\_

\_\_\_\_\_

A. Legislative Experience you have participated in to date: (For Example, resolutions written, state convention delegate or attendance at business sessions, local government experience, etc....)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. What do you expect to gain from this experience? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. How do you plan to use this experience in your own Grange, Pomona or State?

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D. What is your legislative area of interest? Please prioritize 1,2,3,etc...

\_\_\_\_\_ Citizenship & Public Affairs                      \_\_\_\_\_ Agriculture  
\_\_\_\_\_ Conservation & Natural Resources                      \_\_\_\_\_ Education & Health  
\_\_\_\_\_ Labor & Judiciary                      \_\_\_\_\_ Transportation & Taxation

Your Signature \_\_\_\_\_

**Subordinate 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 my knowledge.

Youth Chairman (Signature) \_\_\_\_\_ Date \_\_\_\_\_

Subordinate Master (Signature) \_\_\_\_\_ Date \_\_\_\_\_

**State Certification:**

State Youth Director (Signature) \_\_\_\_\_ Date \_\_\_\_\_

State Master (Signature) \_\_\_\_\_ Date \_\_\_\_\_

Return this form to the National Grange Youth Development Director on or before **September 10.** Please include the letters of recommendation from your Subordinate Master and your State Grange Master.