

GRANGE REWARDS PROGRAM: PARTNER APPLICATION

I HEREBY ELECT TO PARTICIPATE AS A PARTNER* IN THE GRANGE REWARDS PROGRAM

NA	ME:	PHONE:		CELL PHONE:	
EMAIL ADDRESS:				BIRTH DATE:	
MA	ILING ADDRESS:				
CIT	Y:		STATE:	ZIP CODE:	
SIGNATURE:				DATE:	
	TH THIS COMPLETED APPLICATION, I HAVE ENCLOS	ED MY ONE-TIME FEE			
	\$15 (if a member of another co-op/credit union)				(name of co-op/credit union)
	Fee waived for veterans and active military personnel (Must show valid Veteran ID, Military ID, DD214)				
	Fee waived for eligible students enrolled in 4-H, FFA, Market Project Animal(s):				
	PARENT/LEGAL GUARDIAN SIGNATURE: DATE:				
	Under the California Consumer Privacy Act (CCPA) if you are a child under the age of 13, please provide an authorized parent or legal guardian signature consenting to the collection, use and disclosure of said child's personal information as described in our privacy policy. If you are between the age of 13 - 16, please choose to opt-in by providing your signature. Please reference our privacy policy at www.grangecoop.com/ccpa/ for more information.				
	PLEASE SUBMIT YOUR APPLICATION AT ANY	RETAIL LOCATION O	R BY MAIL TO: PO	BOX 3637 CENTRAI	L POINT, OR 97502
G	RANGE REWARDS BENEFITS:				
	Earn up to 1% rewards on most retail purchases				
 Veterans and active military earn up to 5% rewards on most retail purchases 					
	Receive valuable offers and timely information via	email**			
 Your purchase history is readily available in-store and online Partner Dividends may be paid in the following calendar year (see dividend fact sheet on our website for information)*** 					
					n)***
	 Youth In Ag receive 10% off on select categories (converts to general Rewards program at age 19) MUST RE-ENROLL ANNUALLY BEGINNING SEPTEMBER 1ST 				
*	This application is for enrollment as a Partner (Non-Member Patro Promotions may be sent via email/SMS ** Purchases must be made using your Grange Co-op Rewards Ac	-			
T	rogram may be modified by action of the Board of Directors of Grange Cooperative Supply Association.				
	RETAIL STORE USE ONLY Date payment received		CE USE ONLY welcome packet mailed		

Account number assigned

Please attach duplicate receipt to application before sending to main office