

COMMUNITY RECOGNITION AWARDS GROUP NOMINATION FORM 2025 - 2026

Name of Grange submitting the Group _____

Name of Group being submitted _____

If you wish to recognize a Group, in any category, please be specific and make sure it services the entire community not one or two particular segments of the population.

Name of Group contact person _____

Address _____

City/Town/County _____

State/Zip Code _____

Telephone (_____) _____ Cell phone: (_____) _____

Email: _____

Please attach a report on why this Group should be honored. Include as much information as you would like about the Group. ***Remember, the judges do not know the candidates.***
Use a separate sheet of paper for additional information.

Please submit a photograph of the Group being submitted, if possible.
