



# Edison Pageant of Light, Inc.

## MEMBERSHIP APPLICATION

Membership to the Edison Pageant of Light is open to all. As an organization dedicated to celebrating the inspiring legacy of the great inventor and seasonal resident of Fort Myers, we invite any and all to join, and enjoy one of the great Southwest Florida Traditions.

Membership (2 Seats)

\$350

Full Voting

### Member

Title \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Occupation(s) \_\_\_\_\_ Business Phone \_\_\_\_\_

### Please check the areas of interest or committees you would like to serve on:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Community Birthday Party | <input type="checkbox"/> Lamplighter/Newsletter | <input type="checkbox"/> Membership     |
| <input type="checkbox"/> Parade Party             | <input type="checkbox"/> Hospitality            | <input type="checkbox"/> Board Member   |
| <input type="checkbox"/> King & Queen Ball        | <input type="checkbox"/> Coronation Ball        | <input type="checkbox"/> Annual Meeting |

Additional areas of interest you would like to make a contribution: \_\_\_\_\_

### Resident Children and/or Grand Children under 25 years old

Circle "C" – child or "GC" - grandchild and include full names and birth date

Full Name	Gender	Date of Birth	Grade in School
C GC _____	M / F	___/___/___	_____
C GC _____	M / F	___/___/___	_____
C GC _____	M / F	___/___/___	_____
C GC _____	M / F	___/___/___	_____
C GC _____	M / F	___/___/___	_____

**Prior EPL Participation:** \_\_\_ Former King \_\_\_ Former Queen \_\_\_ Former Court Member \_\_\_ Past President

Applicants please enclose applicable payment to: Edison Pageant of Light of Fort Myers, Inc.

For Office Use Only	
Date Paid:	Member Since:
Amount Paid:	Check #:
Cash Paid:	Last 4 digits of credit card:

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