



## APPLICATION FOR MEMBERSHIP

\*Please print out this page, fill in requested information and mail to:  
**The Magic Lantern Society of the United States and Canada©**  
**c/o Richard Moore, Secretary /Treasurer**  
**259 Fitch Hill Road**  
**Gilford, CT 06437-1028**

Please also enclose your \$40 check or money order for annual membership dues. Student Rate \$5.

Make payment to: The Magic Lantern Society

**Your Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Postal Code/Zip:** \_\_\_\_\_

**Country:** \_\_\_\_\_

Occupation: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Business: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

**Email:** \_\_\_\_\_

**Check Items of Interest:**

\_\_\_\_ Lanterns (Name-type) \_\_\_\_\_

\_\_\_\_ Slides (Name-type) \_\_\_\_\_

\_\_\_\_ Literature (Subject) \_\_\_\_\_

\_\_\_\_ Kinetic Devices (Name-type) \_\_\_\_\_

\_\_\_\_ Vintage Cinema (Type) \_\_\_\_\_

\_\_\_\_ Give Lantern Shows (yes/no)

Will: \_\_\_\_ Buy \_\_\_\_ Sell \_\_\_\_ Trade

Please add any additional comments here or on the back of the form: