

Edge Family Cemetery Association
MEMBERSHIP APPLICATION FORM

The proper completion and submission of this membership application form to the Edge Family Cemetery Association (“**Association**”), and timely payment of any fees indicated by the Association, are necessary for an eligible individual to be considered for Membership in the Association per its Bylaws. Each applicant 18 years and older must complete his/her own form to be considered.

Applicant Full Name: _____

Applicant Date of Birth: _____

City, County, and State of Birth: _____

Applicant Current Address: _____

Applicant’s Mother’s Name: _____

Applicant’s Father’s Name: _____

Was/is either parent an Association Member? _____

Names of Applicant’s Children and Dates of Birth: _____

Applicant’s Spouse Name, Date of Marriage: _____

Was/is your Spouse an Association Member? _____

Draw or describe your (or your spouse’s) lineal descent from William B. Edge. Please use the information on the website to help you—we suggest starting from your most recent ancestor listed on the Association website, working back to William B. Edge. Use additional pages as necessary. Attach any information that would be helpful in evaluating your application (ex., birth, marriage certificates):

By submitting this form you are representing to the Association that all of the above information is true and correct; you agree that any materially false information may be, at a minimum, a basis for rejection or rescinding membership granted on the basis of the false information.

If you need assistance completing this form, or to submit a completed form, please email the Edge Family Cemetery Association at hal@edgefalls.com