

**The PARAPSYCHOLOGICAL ASSOCIATION, INC.**

APPLICATION FOR AFFILIATE OR STUDENT AFFILIATE

Please use a typewriter to complete this application. If necessary, use additional sheets for further information. *If you must print, please do so very clearly.*

Title	Given name	Middle name or initial	Surname
Address (or institution name)			E-mail
Address			Telephone
City			Fax
State or province	Postal or ZIP code		Country

1. I am applying to become  an AFFILIATE  a STUDENT AFFILIATE.  
(Check one. Please consult the descriptions on the reverse side of this form.)

2. Academic degrees, field of study, date awarded, and name of institution where obtained.

3. For **AFFILIATE**, please list below the name of the professional organization(s) to which you belong, your class or type of membership, and your membership identification or number, *or*,

For **STUDENT AFFILIATE**, please list below your college or university, your field of study, the degree for which you are registered, and the expected date of receiving that degree. (You will have to supply a copy of your student ID when paying your dues.)

4. Please outline why you wish to become a Parapsychological Association Affiliate. Indicate any experience you have had in the scientific or scholarly study of parapsychology. (Feel free to append additional sheets if necessary.)

5. Please list one or two of your recent professional publications (in any field), if you have any.

**Information for Applicants**

A Parapsychological Association Affiliate must have an interest in the scientific and scholarly advancement of parapsychology. An **affiliate** must be a full or regular member of a professional organization of a scientific or scholarly nature. Regular employees of recognized parapsychology research or educational organizations may also become affiliates. A **student affiliate** must be a student at an accredited college or university working toward a baccalaureate or more advanced degree.

All applications are subject to approval by the Membership Committee of the Parapsychological Association. The granting and continuing of affiliate or student affiliate status shall be solely at the discretion of the Membership Committee.

Annual Dues are \$65 for affiliates, \$50 for student affiliates. Do not include payment now. You will be billed.

\_\_\_\_\_
Date

\_\_\_\_\_
Applicant's Signature

BY SIGNING THIS FORM I ATTEST THAT THE INFORMATION I PROVIDED IS TRUE AND CORRECT

Please mail or fax this application to:

**Parapsychological Association, Inc.**  
**1390 N. McDowell Blvd., Suite G-208**  
**Petaluma, CA 94954 USA**

**Fax: +1 202 318-2364**