

**The PARAPSYCHOLOGICAL ASSOCIATION, INC.****APPLICATION FOR MEMBERSHIP**

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. Describe your parapsychological interest and activities. (If you have not yet completed research in parapsychology, describe any research which you are now conducting. State the problem briefly, state the procedure in detail, and state how you plan to evaluate the data.)

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2. Papers or books written on parapsychology. (Give all necessary information, such as titles, dates and where published. Enclose, if possible, a representative reprint or unpublished manuscript, but not more than a few pages.)

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3. Academic degrees, dates awarded, and names of institutions where they were obtained.

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