

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.)

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 Enclose, if possible, a representative reprint or unpublished manuscript, but not more than a few pages.)

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

4. Present occupation (If associated with an academic institution or a professional research organization, please give its name and address.)

5. Professional organizations of which applicant is a member.

Name of Organization	Class of Membership in this organization
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6. Sponsors of applicant. Article VI of the Bylaws of the Corporation requires that an applicant for Full Membership or Associate Membership be nominated by two Full Members of the Parapsychological Association. Applicants who do not personally know a member who will sponsor them may list other sponsors; these should such persons as professors, other teachers, or other persons who are in a position to write about the applicant's scientific training and qualifications.

Do not list a sponsor unless you are sure that he or she will write on your behalf. The sponsor should be asked *by the applicant* to send a letter of reference to the P.A. Membership Chairperson (the vice-president). Your application will not be acted upon until letters from all listed sponsors have been received.

- 1.
- 2.
- 3.

I wish to join the Association as a Full Member Associate Member
(Please check one. New applicants should normally apply to be an Associate Member.)

_____ Date

_____ Signature

Please mail or fax this application with \$10.00 (U.S.) application fee to cover processing costs to:

Charge fee to VISA or MasterCard No: _____ Expires _____

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

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

Fax: +1 202 318-2364