

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

Title	Given name	Middle name or initial	Surname
Address:			E-mail
			Telephone
			Fax
			Website

1. Describe your parapsychological interests 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 Enclose, if possible, a representative reprint or unpublished manuscript, but not more than a few pages.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

Name of Organization	Class of Membership in this organization

6. Sponsors of applicant. Article VI of the Bylaws of the Corporation requires that an applicant for Professional Membership or Associate Membership be nominated by two Professional 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 Chair of the Membership Committee at [membership@parapsych.org](mailto:membership@parapsych.org) or the address below. 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      Professional Member       Associate Member

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Please complete and email this form to [membership@parapsych.org](mailto:membership@parapsych.org), or mail/fax this application to:

**Parapsychological Association, Inc.**      **Fax: +1 202 318-2364**  
**P.O. Box 24173**  
**Columbus, OH 43224**