

GHOST-PA

Member Application Form

First Name

Last Name

Contact Information

Address

Street _____

City _____ State _____ Zip _____

County _____

Phone (include area code)

Phone _____ Cell _____

Email _____

How do you prefer to be contacted?

Mail _____ Phone _____ Cell _____ Email _____ Other _____

Best time to contact you? _____ a.m. / p.m.

Personal Information

Age _____ Date of Birth ___/___/___

Education

___ High School

___ Some College

___ College Graduate Degree _____

___ Tech School

Occupation _____

Have you been convicted of a crime? ___ No ___ Yes

Type of Crime _____

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Investigations

Are you available late at night (9pm-1am+) on weekends? ___No ___Yes

Are you available evenings (6pm-11pm+) on weeknights? ___No ___Yes

Will you be able to attend cases over an hour or more away? ___No ___Yes

Do you have reliable transportation? ___No ___Yes

Are you currently affiliated with another paranormal group? ___No ___Yes

Name of group _____

Location _____

May we contact this group? ___No ___Yes

Do you agree to follow all rules and policies of GHOST-PA? ___No ___Yes

Any investigation experience? (not necessary)

Any experience in photography, videography, audio technology, electronics, psychology or other fields you believe may be of assistance to GHOST-PA? (not necessary)

Any experience with ghosts/hauntings? (not necessary)

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Why do you want to join GHOST-PA? (Hint: this is one of the most important questions on this form)

List any equipment you already own?

Additional Comments or Questions

I certify that I am of sound mind and in good health. I understand that the conditions that I will be exposed to can cause emotional and physical stress. I do not have any medical or mental conditions that will put myself, members and clients at risk. I release GHOST-PA and its members from any liability pertaining to any physical and mental damages that I may obtain during official GHOST-PA events. I also certify all my above answers to be true.

SIGNED

Date
