



Paranormal Resource Alliance
www.paranormalresourcealliance.org
info@paranormalresourcealliance.org

Membership Application

Group Name: _____

Point of Contact: _____

Point of Contact Address: _____

City: _____ State: _____

Area of operation: _____

Web Address: _____

Email Address: _____

Number of Members: _____

Average Number of Investigations per year: _____

By signing below you agree to follow the Code of Conduct set forth by the Paranormal Resource Alliance as a guide for responsible investigators. Membership can be revoked with a majority vote from the Board of Directors for violations of the code of conduct or any other conflict that may hinder the Paranormal Resource Alliance from its mission statement (section 3.07 of the By Laws). As a Member your group's point of contact or other representative will have one vote as stated in section 3.06 of the By Laws. Any other information needed about membership can be found under Article III of the By Laws, under our FAQs on our website, or you can email us (info@paranormalresourcealliance.org).

Signature _____

Printed Name _____

Date _____
(day/month/year)

