

The PARAPSYCHOLOGICAL ASSOCIATION, INC.

APPLICATION FOR AFFILIATE OR STUDENT AFFILIATE/ASSOCIATE

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

1. I am applying to become an AFFILIATE a STUDENT AFFILIATE/ASSOCIATE.
(Check one. Please consult the descriptions on page 2.)

2. Academic degrees, field of study, date awarded, and name of institution where obtained.

3. For **AFFILIATE**, please list below the name of any professional organization(s) to which you belong, your class or type of membership, and your membership identification or number, *or*,

For **STUDENT AFFILIATE/ASSOCIATE**, please list below your college or university, your field of study, the degree for which you are registered, and the expected date of receiving that degree. [\(Please attach a copy of your student ID with your application.\)](#)

4. Please outline why you wish to become a Parapsychological Association Affiliate. Indicate any experience you have had in the scientific or scholarly study of parapsychology. (Feel free to append additional sheets if necessary.)

5. Please list one or two of your recent professional publications (in any field), if you have any.

Information for Applicants

A Parapsychological Association **affiliate** must have an interest in the scientific and scholarly advancement of parapsychology. A **student associate** must be a student at an accredited college or university working toward a baccalaureate or more advanced degree. A **student affiliate** must be a high school student with exceptional interest demonstrated in research and writing.

All applications are subject to approval by the Membership Committee of the Parapsychological Association. The granting and continuing of affiliate or student affiliate status shall be solely at the discretion of the Membership Committee.

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

Date

Applicant's Signature

Please complete and email this form to business@parapsych.org, or mail/fax this application to:

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