



## CRPT Membership Application

How did you hear about us? (identify names/details below please)

Website  CRPT Client  CRPT Member  Other

Name	
Street Address	
City, State, Zip	
Home Phone	
Mobile Phone	
Email Address	
Describe any experience you have with the paranormal including any experience in investigating.	
Do you have any special skills, talents or areas of interest? If yes, describe below.	
Do you feel that you have any psychic abilities? If yes, describe below.	
What is your typical availability to participate in investigations?	
<input type="checkbox"/> Friday Night <input type="checkbox"/> Late Night <input type="checkbox"/> Limited Availability (describe below) <input type="checkbox"/> Saturday Night <input type="checkbox"/> < 48 hour notice <input type="checkbox"/> Late Night <input type="checkbox"/> overnight	
What equipment do you have? (first row includes mandatory equipment for membership)	
<input type="checkbox"/> Flashlight <input type="checkbox"/> Walkie-Talkie <input type="checkbox"/> Digital Camera (minimum of 5 megapixels) <input type="checkbox"/> Compass <input type="checkbox"/> Audio Recorder <input type="checkbox"/> EMF meter <input type="checkbox"/> Non-contact Thermometer <input type="checkbox"/> Video Camera <input type="checkbox"/> NightShot capable Digital Camera <input type="checkbox"/> NightShot capable Video Camera <input type="checkbox"/> Other (list)	
Why do you want to belong to the CRPT?	

Signature of Applicant:

Date:

Membership Approved:  YES  NO

Date: