

# GREAT LAKES PARANORMAL RESEARCH TEAM

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## REQUEST FOR TEAM MEMBERSHIP

Date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Apt# \_\_\_\_\_ City: \_\_\_\_\_ State/Zip \_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Paranormal research experience (circle one):

None      1-5 years      6-10 years      11+ years

Date of last paranormal training received, if any: \_\_\_\_\_

Topics: \_\_\_\_\_

Do you have first aid training?      Yes      No

Skills (circle all that apply):

Web designing      Electrician      Plumber      Psychotherapist      Medical training

Teacher      Administrator      Historian      Lab tech      Computer specialist

Construction worker      Carpenter      Chemist      Technician      Librarian

Sound tech      Writer      Theology      Police officer      hardware engineer

Other: \_\_\_\_\_

Have you participated/belonged on another paranormal team?      Yes      No

If yes, please provide the name of the team and contact info for your team lead or supervisor:

\_\_\_\_\_

If you need to explain at the face to face meeting, that will be fine as well.

Reason for wanting to join:

\_\_\_\_\_

\_\_\_\_\_

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What times and days may you be available for a face to face interview?

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

You may return this form in person to a team member or attach and scan this form back to us at: [glprtwi@gmail.com](mailto:glprtwi@gmail.com)

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date