

Paranormal Investigation Group of New England

Application For Membership

CONTACT INFO:

First Name: _____ Last: _____

Date of Birth: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Day time Phone: () _____

Evening phone: () _____

Best time to contact you: AM / PM ?

Email: _____

Background Information:

What is your paranormal background? _____

What are your paranormal interests and influences? _____

What is your main interest in paranormal investigation? _____

Why/what would you like to contribute to PIGNE?

What is your educational background? _____

What are your personal interests? _____

Do you have reliable transportation? (circle one) yes no

Do you have a valid drivers id? (circle one) yes no

Are you over the age of 18? (circle one) yes no

Which of the following do you have experience in using or servicing?

- | Can use | Can Service | Own One | |
|--------------------------|--------------------------|--------------------------|------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 35 MM Camera |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | IR Camcorder/Camera |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | TV/VCR/DVD |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Thermal Imaging Device |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | IR Thermometer |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | EMF Meter |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | EVP Recorder |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | CD/DVD Burner |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lap Top Computer |

Other: _____

Possible Investigation Sites: _____

Any other information you would like to give: _____

DISCLAIMER: Applicants must be over 18 with a valid drivers license and have their own mode of transportation. Application does not guarantee membership with PIGNE. THIS IS NOT an application for employment. We are a private organization. With acceptance to PIGNE, PIGNE is not liable for any injury received on investigations or at public appearances. If you have equipment lost or stolen on an investigation, PIGNE is not responsible to replace your equipment. By signing this application, you certify that all the information is factual. Any false information will lead to immediate loss of membership. Without signed application and release form, membership will not be considered. A face-to-face interview must be conducted in order to approve membership.

Signed _____ Date: _____

Application and release form can be mailed to:
Paranormal Investigation Group of New England
764 Norwich Road
Plainfield, CT 06374

FOR PIGNE USE:

Date of interview: _____

Accept: YES / NO

Other: _____

Interviewed by: _____ Date: _____

