

<b>INDIANA GHOST TRACKERS, INC. MEMBERSHIP APPLICATION FORM</b>		
<b>YOU MUST FILL OUT THIS ENTIRE APPLICATION TO BE CONSIDERED FOR MEMBERSHIP</b>		
<b>APPLICANT INFORMATION</b>		
Last Name:		
Fist Name:		
Current address:		
City:	State:	ZIP Code:
Date of birth:	Are you bondable? Y or N	Forum Name:
<b>CONTACT INFORMATION</b>		
<input type="checkbox"/> Home Phone:	<input type="checkbox"/> E-mail:	
<input type="checkbox"/> Cell Phone:	<input type="checkbox"/> E-mail:	
<input type="checkbox"/> Fax:	<input type="checkbox"/> Other:	
Please indicate by checkmark how you would <b>most</b> like to be contacted by IGT.		
<b>EMERGENCY CONTACT</b>		
Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		
<b>INFORMATION IF JOINT MEMBERSHIP</b>		
Name:		
Date of birth:		
E-mail:		
Forum Name:		
Are you bondable? Y or N		
<b>FAMILY MEMBERSHIP INFORMATION</b>		
Name:		
Date of birth:		
E-mail:		
Forum Name:	Are you bondable? Y or N	
Name:		
Date of birth:		
E-mail:		
Forum Name:	Are you bondable? Y or N	
Name:		
Date of birth:		
E-mail:		
Forum Name:	Are you bondable? Y or N	

\_\_\_\_\_ Please initial stating the preceding information is correct to the best of my ability.

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**INFORMATION**

Equipment you intend to use for research in IGT, Inc. (cameras, video equip. EMF Meters, etc, list brand and types if possible)

Do you consider yourself to have some psychic ability? Yes                      No      Maybe

If so, please describe what you commonly see or feel:

If you have any abilities or knowledge that you think might benefit the association please list them below:

What influenced you to become a paranormal investigator and join this association?

If you have any health conditions IGT, Inc. should be aware of please list them below:

Are you taking prescription medication of any kind that would interfere with ghost hunting, cause dizziness or hallucinations?

Yes      No      (If Yes Please List)

Please list any other ghost hunting clubs and affiliations you are also a part of (i.e. A.G.S., I.G.S. etc):

Questions/Comments:

**IGT Chapter Affiliation: (Please circle only one)**

**Chicago Chapter  
South Bend Chapter  
Lafayette Chapter  
Ft. Wayne Chapter  
Evansville Chapter**

**Northwest Indiana Chapter  
Muncie Chapter  
Kokomo Chapter  
Indianapolis Chapter**

**South Lake Chapter  
Terre Haute Chapter  
Bloomington Chapter  
Martin County Chapter**

**LaPorte Chapter  
Seymour Chapter  
New Albany Chapter  
Vincennes Chapter**

Other \_\_\_\_\_

(Please circle one)

**NEW MEMBER**

**RENEWAL**

**Membership type:**

**Individual**

**Joint (2 members)**

**Family**

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**Non-Taxable Membership Dues (please circle the appropriate amount):**

Single: \$25

Couple or 2 members: \$40

Family: \$50 (up to 5 people living in the same house hold)  
\*\$10.00 for each additional family member after 5.

Total Dues: \$ \_\_\_\_\_

Additional Taxable Donation \$ \_\_\_\_\_

Total Dues and Donations: \$ \_\_\_\_\_

**Send checks and Applications to:**

**Indiana Ghost Trackers, Inc.  
PO Box 6575  
Lafayette, IN 47903**

**\*MAKE ALL CHECKS OUT TO INDIANA GHOST TRACKERS, INC.**

**Any additional information IGT should know:**

**SIGNATURES**

I authorize the verification of the information provided on this application.

Signature of applicant:

Date:

Signature of applicant: *(for a joint membership):*

Date:

Signature of applicant: *(for a family membership):*

Date:

Signature of applicant: *(for a family membership):*

Date:

Signature of applicant: *(for a family membership):*

Date:

**For Office Use Only**

Check #

Member ID

Process Date

\_\_\_\_\_ Please initial stating the preceding information is correct to the best of my ability.

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**Membership Agreement**

I, \_\_\_\_\_ have requested to join the Indiana Ghost Trackers, Inc. (herein after referred to as IGT, Inc.). I fully understand and accept all of the following terms and conditions of membership, and agree as follows:

**1.) RELEASE OF LIABILITY**

I will not hold the IGT, Inc. or the IGT, Inc. members, guests or private property owners liable for any physical or mental injury or accident to myself while I am on or participating in any investigation, ghost hunt, meeting, or IGT, Inc. activity. (PEASE INITIAL THIS ITEM)\_\_\_\_\_

2.) My general health is good and I am not aware of any physical or mental impairment that would prevent my participation in IGT, Inc. activities. I assume full responsibility for my own welfare and safety while participating in same. (PEASE INITIAL THIS ITEM)\_\_\_\_\_

3.) I agree to respect confidentiality relative to other IGT, Inc. members, private residences, property owners etc., of any locations visited or discussed by the IGT, Inc., and will not give out information, including locations or details of investigations to anyone outside of the IGT, Inc. without express permission of the IGT, Inc. President and involved individuals. (PEASE INITIAL THIS ITEM)\_\_\_\_\_

4.) I will show respect for any site visited during an investigation, or ghost hunt, including not littering, and understand that any destruction of property on a site in an act of vandalism will be grounds for loss of membership. (PEASE INITIAL THIS ITEM)\_\_\_\_\_

5.) In the event that I conduct any investigations on my own, I agree to assume full responsibility for my actions and will not involve the IGT, Inc. in any manner. (PEASE INITIAL THIS ITEM)\_\_\_\_\_

6.) I understand that seeking the truth is vital to the purpose of the IGT, Inc., and in line with this, I will not falsify ANY evidence, including photos, videos, information etc., of any investigation. (PEASE INITIAL THIS ITEM)\_\_\_\_\_

7.) Any contact with any form of the media, i.e., interviews, giving information, pictures, etc., is strictly prohibited unless permission is obtained from the IGT, Inc. Board of Directors. I further agree that any questions from the media, police or others that may arise on site during an actual investigation will be directed my Chapter PR Director or to the onsite Team Leader. (PEASE INITIAL THIS ITEM)\_\_\_\_\_

8.) I accept that the onsite Team Leader is to make all decisions concerning the investigation. Failure to follow such directions and IGT, Inc. policies will be grounds for termination of membership. (PEASE INITIAL THIS ITEM)\_\_\_\_\_

\_\_\_\_\_ Please initial stating the preceding information is correct to the best of my ability.

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9.) All investigations must be performed in a courteous and professional manner. **(PEASE INITIAL THIS ITEM)**\_\_\_\_\_

10.) I accept full responsibility for the actions of any non-members that I may bring to any IGT functions. **(PEASE INITIAL THIS ITEM)**\_\_\_\_\_

11.) I agree to respect the dignity and rights of other IGT, Inc. members and officers even if I am not in agreement with their ideas or opinions, and will conduct myself at all times in a mature and adult manner. There will be no toleration of obscene, foul, or abusive language in any IGT, Inc. activity. **(PEASE INITIAL THIS ITEM)**\_\_\_\_\_

12.) I agree that there is to be no use of alcohol, drugs or illegal substances, prior to, or at any investigation or ghost hunt, and that if I am taking any prescription medication I will make the team leader aware of this, if it could in any way impact my effectiveness on the outing. **(PEASE INITIAL THIS ITEM)**\_\_\_\_\_

13.) There will be absolutely no tolerance of any firearms or weapons of any kind on any investigation or ghost hunt. **(PEASE INITIAL THIS ITEM)**\_\_\_\_\_

14.) I understand that I may resign at any time by filing a written resignation with the corporate Secretary; however, such resignation shall not relieve my obligation of membership dues or other charges. I understand in resigning I forfeit remaining membership dues. In the event my membership is revoked due to disciplinary action, I understand I forfeit all membership dues collected. **PEASE INITIAL THIS ITEM)**\_\_\_\_\_

15.) I understand that any intellectual property (photos, recordings, etc.) I collect and submit for IGT, Inc. use remains my property, with all rights attendant to my personal property (copyright). I also understand that by submitting this property to IGT, Inc. for the use of the organization, I give the IGT, Inc., the right to use them in perpetuity. Further, I understand that this property will not be used by IGT, Inc. for purposes of profit or in any manner damaging to me. IGT, Inc. will give me full credit for any property they use. **(PEASE INITIAL THIS ITEM)**\_\_\_\_\_

**I have fully read and understand all the above conditions of membership in the IGT, Inc. and agree to abide by same.**

*Signature* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Signature* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Signature* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Signature* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Signature* \_\_\_\_\_ *Date:* \_\_\_\_\_