

Membership Application

INDIANA GHOST TRACKERS, INC.

Applications must be filled out in their entirety to be considered for membership.

Are you a new member? Yes No

Type of membership: Individual Joint (*2 members*) Family (*up to 5 members*)

APPLICANT INFORMATION

Last name _____ First name _____

Street address _____

City _____ State _____ Zip code _____

Date of birth _____ Forum name _____

Are you bondable? Yes No

If you have been convicted of a felony, you are not bondable.

CONTACT INFORMATION – Please indicate by check mark how you would most like to be contacted by IGT.

Home Phone _____ E-mail 1 _____

Cell Phone _____ E-mail 2 _____

EMERGENCY CONTACT – Relative not residing with you.

Name _____ Relationship _____

Street Address _____ Phone _____

City _____ State _____ Zip code _____

JOINT MEMBERSHIP INFORMATION – Register for one additional family member not listed above.

Name _____ Date of birth _____

E-mail _____ Forum name _____

Are you bondable? Yes No

FAMILY MEMBERSHIP INFORMATION – Register for additional family members not listed above.

Name _____ Date of birth _____

E-mail _____ Forum name _____

Are you bondable? Yes No

Name _____ Date of birth _____

E-mail _____ Forum name _____

Are you bondable? Yes No

Name _____ Date of birth _____

E-mail _____ Forum name _____

Are you bondable? Yes No

Name _____ Date of birth _____

E-mail _____ Forum name _____

Are you bondable? Yes No

EQUIPMENT YOU INTEND TO USE FOR RESEARCH IN IGT.

Cameras, video equipment, EMF meters, etc. List brand/types, if possible.

DO YOU CONSIDER YOURSELF TO HAVE SOME PSYCHIC ABILITY?

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

IF YOU HAVE ANY ABILITIES/KNOWLEDGE THAT MIGHT BENEFIT THE ORGANIZATION, PLEASE LIST THEM.

WHAT INFLUENCED YOU TO BECOME A PARANORMAL INVESTIGATOR AND JOIN THIS ASSOCIATION?

IF YOU HAVE ANY HEALTH CONDITIONS IGT SHOULD BE AWARE OF, PLEASE LIST THEM.

ARE YOU TAKING PRESCRIPTION MEDICATION OF ANY KIND THAT WOULD INTERFERE WITH GHOST HUNTING, CAUSE DIZZINESS OR HALLUCINATIONS? *If yes, please list below.*

LIST OTHER GHOST HUNTING CLUBS/AFFILIATIONS YOU ARE ALSO A PART OF, I.E. A.G.S., I.G.S., ETC.

ANY ADDITIONAL INFORMATION IGT SHOULD KNOW.

QUESTIONS/COMMENTS

IGT CHAPTER AFFILIATION — *Please check only one.*

- | | | | | | | | |
|-------------------------------------|---------------------------------------|--------------------------------------|-------------------------------------|-------------------------------------|---------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Chicago | <input type="checkbox"/> Northwest | <input type="checkbox"/> South Lake | <input type="checkbox"/> La Porte | <input type="checkbox"/> South Bend | <input type="checkbox"/> Muncie | <input type="checkbox"/> Terre Haute | <input type="checkbox"/> Seymour |
| <input type="checkbox"/> Lafayette | <input type="checkbox"/> Kokomo | <input type="checkbox"/> Bloomington | <input type="checkbox"/> New Albany | <input type="checkbox"/> Fort Wayne | <input type="checkbox"/> Indianapolis | <input type="checkbox"/> Martin County | <input type="checkbox"/> Vincennes |
| <input type="checkbox"/> Evansville | <input type="checkbox"/> Other: _____ | | | | | | |

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:

Please initial each item below to agree to all terms and conditions

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. _____
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. _____
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. without express permission of the IGT, Inc. President and involved individuals. _____
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. _____
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. _____
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. _____
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 on-site Team Leader. _____
8. I accept that the on-site 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. _____
9. All investigations must be performed in a courteous and professional manner. _____
10. I accept full responsibility for the actions of any non-members that I may bring to any IGT functions. _____
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 tolerance of obscene, foul, or abusive language in any IGT, Inc. activity. _____
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. _____
13. There will be absolutely no tolerance of any firearms or weapons of any kind on any investigation or ghost hunt. _____
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 and I forfeit all membership dues collected. _____
15. I understand that any intellectual property (photos, recording, etc.) I collect and submit for IGT, Inc. use remain 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. _____

I HAVE FULLY READ AND UNDERSTAND ALL THE ABOVE CONDITIONS OF MEMBERSHIP IN THE IGT, INC. AND AGREE TO ABIDE BY THE SAME.

Signature of applicant

Date