



## **LPS MEMBERSHIP FORM**

### **Please complete the following details for membership.**

Date: \_\_\_/\_\_\_/\_\_\_ Name: Mr / Mrs / Miss \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Current Age: \_\_\_\_\_

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

Full Address: \_\_\_\_\_

Telephone (Including code) : \_\_\_\_\_ Mobile: \_\_\_\_\_

### **Payment Details**

Membership of LPS is a donation of £10 for one year only and gives you access to LPS investigations and events. You can use a number of methods for payment including paying online or paypal or cash or simply sending a cheque marked as payable to the Luton Paranormal Society and posting it to the **Luton Paranormal Society, 29 Strathmore Walk, Luton, Bedfordshire, LU1 3PD**

### **Confidential Information – Please circle an option**

**I give / do not give** permission for LPS to share my contact details with other members.

**I do / do not** have my own transport to get to LPS investigations events.

**I give / do not give permission** for LPS to place photographs or film that might include me onto its media sites on the internet

### **Please State if you are currently a member of another paranormal organization?**

Yes / No (If yes please state which organization) \_\_\_\_\_

**Please state details of any vehicles you will be using for LPS events and investigations below;**

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### **LPS Liability and Confidentiality Clause (please read and sign if you agree with below)**

I am aware that there will be occasions where I will be attending investigations where my health and safety cannot be guaranteed. I therefore accept all responsibility for my actions and agree that the Luton Paranormal Society will not be held liable or responsible in any shape or form should anything happen to me. I also agree to not disclosing confidential information about LPS.

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_