



LPS Membership Form 2024

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 - (Please tick one of the following options)

- Adult membership for one year (Age 18 and above) is a donation of £20 ()
- Junior membership for one year (age 16-17) is a donation of £10 ()
- Student membership for one year is a donation of £10.

Payment must be made via the LPS Bank Account Sort code 30-91-91 Account 25473468

Confidential Information – Please circle an option.

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

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

I can confirm I have my own transport to get to investigations. Please circle YES / NO
If you have circled NO, please state how you will get to investigations and events below.

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

Yes / No (If yes please state which organization) _____

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: _____

Please return the form to us either via email to lutonparanormal@gmail.com or post to Luton Paranormal Society C/O 29 Strathmore Walk Luton Bedfordshire LU1 3PD