



## **MEMBERSHIP APPLICATION**

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The Ghosts of Ohio is a not-for-profit organization whose purpose is to investigate and document alleged haunted sites in Ohio and neighboring areas.

The sole purpose of this application is to provide current members of The Ghosts of Ohio organization with a better understanding of the applicant's areas of interest. ALL information on this form will be kept in the strictest of confidence and will not be viewed by anyone outside of The Ghosts of Ohio.

All questions in the Personal Information section are asked only as they pertain to The Ghosts of Ohio. For example, knowledge of a person's full- or part-time employment will relate to scheduling field investigations. Applicants are free to leave any or all of these questions blank.

The Ghosts of Ohio consider applicants without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

This application does not constitute any type of binding contract between The Ghosts of Ohio and the applicant and should not be construed as such.

Any and all questions related to this application should be sent to the attention of James A. Willis at [jim@ghostsofohio.org](mailto:jim@ghostsofohio.org).

When application is complete, please forward to:

The Ghosts of Ohio  
PO Box 21866  
Columbus, OH 43221  
RE: Application

## **PERSONAL INFORMATION**

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

**Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Have you ever been convicted of a felony? If yes, please explain.**

**If you are married or currently involved with someone, what are his or her feelings with regard to your joining a paranormal organization?**

## **EXPERIENCE**

**Do you have experience in any of the following areas? Please explain.**

- **Historical and/or library research**
- **Investigative fieldwork or conducting interviews**
- **Video or audio recording and/or editing**
- **Photograph analysis (including use of computer programs such as Photoshop)**

**Please describe a recent situation in which you were frightened and discuss your reaction.**

**PARANORMAL EXPERIENCE**

**Please describe any paranormal research in which you have been involved, either individually or with a paranormal organization.**

**Please explain any psychic abilities that you have or believe that you may have.**

**Please describe any first-hand encounters that you have had with the paranormal.**

**PARANORMAL BELIEFS**

**What are your beliefs regarding ghosts? Do you openly share these with others?**

**What are your beliefs or experiences regarding witchcraft, evil spirits or demons, and communication with or possession by spirits or ghosts?**

**Please briefly explain why you have decided to apply for membership in The Ghosts of Ohio.**

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Signature

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Date