



AFFILIATE MEMBERSHIP APPLICATION

OZ Paranormal Investigation Group | Kansas City Chapter

MEMBER INFORMATION

Name: _____ DOB: / ___ / ___ / _____ (18+only)

Name: _____ DOB: / ___ / ___ / _____ (18+only)

Address: _____

Phone: _____ Email: _____

MEMBERSHIP LEVEL

- **Affiliate Member:** \$15.00/year + \$5.00/meeting
- **Family (two people)** \$25.00/year + \$10/meeting
- **Non-Member Guest:** \$8.00/meeting

Membership in the OZ Paranormal Investigation Group includes discounted rates to our meetings and events, and access to periodic investigations in the local KC area that are not open to the public. Membership does not certify investigation status. Only Certified Investigators are allowed to conduct investigations.

OZ meets bi-monthly, and we share information about the investigations we do in the area.

If interested in becoming a paranormal investigator please visit www.ozinstitute.org for more information.

Media Consent: I grant the group permission to use my [likeness in photos/video](#) for promotional or educational purposes.

ACCEPTANCE

I have read, understood, and agree to the terms above. I acknowledge that **Affiliate Membership** does not include investigator privileges or access to private investigation sites.

Signature: _____ Date: _____