



## Membership Form

The Association TransCommunication (ATransC) is dedicated to research that will lead to improved understanding of survival of the personality after the change called death, the implications of survival, improved transcommunication techniques and the dissemination of information about survival to the public. You are invited to join us in this work.

### ATransC member Benefits:

- As the primary member benefit, you will receive the quarterly NewsJournal designed to provide information about transcommunication researchers around the world.
- Your name can optionally be included in the Member Registry, which is an address sharing list for members.
- You will be able to participate in a members-only discussion board to share your ideas and examples with others.

**You can also submit a membership form online at [atransc.org](http://atransc.org) using [PayPal.com](http://PayPal.com). PayPal takes credit cards.**

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### Membership Registration (Please print or type)

- Member** \$30/year All benefits for one year
- International Member not using Email** \$40/year All benefits for one year \*
- Sustaining member** \$100/year Member + name listed in NewsJournal

\* If you live outside of the USA and do not receive the *NewsJournal* via email as a PDF file, \$10 USD is required for postage.

**The ATransC is a 501 (c)(3) nonprofit organization. Funds in excess of dues are tax deductible in the USA.** In addition to my annual dues, I am enclosing a DONATION of \$\_\_\_\_\_ to support the ongoing work and programs of the Association. **Please make checks payable to ATransC.**

Name \_\_\_\_\_ Email Address (Optional) \_\_\_\_\_  
 Address \_\_\_\_\_ Phone Number (Optional) \_\_\_\_\_  
 City/State/Zip code \_\_\_\_\_ Country \_\_\_\_\_

By indicating that I want to share my name and address with others through the optional Member Registry, I realize the list is private and agree that other names on the list will not be given to anyone who is not on the list, used for commercial purposes or the furtherance of personal causes. I also understand my membership will be terminated if I violate this agreement. Minimum information for the Registry is name, city, state, zip. Email address and street address are optional but one must be included.

- Do you wish to be in the member Registry (address sharing list)? \_\_\_\_\_
- Do you wish to include your physical address? \_\_\_\_\_ Do you wish to include your email address? \_\_\_\_\_
- Do you wish to receive the NewsJournal via postal service? \_\_\_\_\_ or via email? \_\_\_\_\_

**On the other side, tell us a little about yourself, and if you work with transcommunication, what techniques you like to use and how you found us.**

- Member Profile:** (Please check what best describes your interest in EVP)
- I am mainly interested in EVP
  - I am interested in all forms of transcommunication
  - I joined because of the loss of a loved one
  - I have a general interest in the study of survival of personality after physical death.

**I certify that I am twenty-one years of age or older.**  
I understand that the ATransC is not liable for the results of experiments that I might conduct, and that the Association is also not liable for damages due to the use of information it publishes on the Internet or in literature such as the NewsJournal. Officers of the ATransC reserve the right to refuse membership to anyone.

Signed \_\_\_\_\_ Date \_\_\_\_\_