PROJECT
SUM
UFO RESEARCH

21 PRINCE CHARLES DRIVE
ST CATHARINES ONTARIO
L2N 3Y4 [416] 934-9756
CANADA

CUFOREN

Application Form

NAME OF GROUP OR ORGANIZATION:_____

ADDRESS:_____ CITY:_____

PROV. OR STATE:_____ PHONE:_____ AREA CODE:_____

POSTAL OR ZIP:_____ WHEN WAS YOUR GROUP FORMED?_____

CLUB OFFICERS:_____

NUMBER OF STAFF MEMBERS:_____

DO YOU HAVE CONSULTANTS? ( )YES ( )NO IF SO, IN WHAT FIELDS?_____

_____

MEMBERSHIP IN FOLLOWING UFO ORGANIZATIONS:_____

_____

_____

PUBLICATIONS, DOCUMENTS, ETC. YOU PUBLISH:_____

_____

DO YOU INVESTIGATE AND COLLECT UFO SIGHTINGS? ( )YES ( )NO

IS YOUR PARTICULAR AREA NOTED FOR HIGH UFO ACTIVITY? ( )YES ( )NO

HAVE YOU JOINED FORCES WITH ANY OTHER UFO GROUPS? ( )YES ( )NO, IF SO,
WHICH GROUPS?_____

_____

HOW MANY UFO SIGHTINGS DO YOU NORMALLY RECEIVE DURING THE COURSE
OF ONE YEAR?_____

PLEASE INDICATE ANY COMMENTS AND/OR SUGGESTIONS ABOUT CUFOREN BELOW:

_____

_____

_____

_____

_____

_____

DATE THIS FORM COMPLETED:_____

SIGNATURE OF DIRECTOR OR PRESIDENT OF ORGANIZATION:_____