

## APPLICATION TO BE CERTIFIED AS AN AFFILIATE GROUP

We, the undersigned, desire to associate ourselves together to establish an affiliate group for the accomplishment of the purposes expressed in the Constitution of *The Urantia Book* Fellowship. We understand the standards for *Becoming a Fellowship Affiliate* issued by the Membership Committee and declare that:

- We affirm our sincere belief in the teachings of *The Urantia Book*.
- We declare our willingness to support the purposes of The Fellowship as stated in its Constitution:

## The purposes of *The Urantia Book* Fellowship are:

- the study and dissemination of the teachings of *The Urantia Book*;
- > the promotion, improvement, and expansion among the peoples of the world
  - of the comprehension and understanding of Cosmology and the relation of the planet on which we live to the Universe,
  - of the genesis and destiny of Man and his relation to God, and
  - of the life and teachings of Jesus; and
- > the inculcation and encouragement of the realization and appreciation of the Fatherhood of God and the Brotherhood of Man
  - in order to increase and enhance the comfort, happiness, and well-being of Man, as an individual and as a member of society,
  - by fostering a religion, a philosophy, and a cosmology which are commensurate with Man's intellectual and cultural development,
  - through the medium of fraternal association, ever obedient and subservient to the laws of this country and of all countries wherein The Fellowship may extend.

<ul> <li>We have attained the age of 16 (sixteen) and have participated in study groups for at least 6 (six months.</li> <li>We have organized for the purpose of:</li> </ul>					
By these stipulations we have complied on now formally petition the Member group as an Affiliate of <i>The Urantia B</i> .	rship Committee of <i>The</i>	e Urantia Book Fello	1		
	(affiliate name)				
of	cation: city, state, country when app	blicable)			
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Respectfully submitted this	day of	(month)	, (year)		
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(Please **sign** your full name; **print** your name, birth date, address, telephone, and email address. Attach additional copies of this page as needed. Each individual wishing to become a member of The Fellowship also completes an **Individual Application for Membership** form.)

1.				
	(CHAIRMAN signature)		(print name)	(birth date)
	(street)	(city)	(state or providence)	(country)
	(day time telephone)	<del></del>	(evening telephone)	(email)
	(LIAISON signature)		(print name)	(birth date)
	(street)	(city)	(state or providence)	(country)
	(day time telephone)	<del></del>	(evening telephone)	(email)
3	(Applicant signature)		(print name)	(birth date)
	(street)	(city)	(state or providence)	(country)
	(day time telephone)		(evening telephone)	(email)
	(Applicant signature)		(print name)	(birth date)
	(street)	(city)	(state or providence)	(country)
	(day time telephone)		(evening telephone)	(email)
(Applicant signature) (street)	(Applicant signature)		(print name)	(birth date)
	(street)	(city)	(state or providence)	(country)
	(day time telephone)	<del></del>	(evening telephone)	(email)
• —	(Applicant signature)		(print name)	(birth date)
	(street)	(city)	(state or providence)	(country)
	(day time telephone)		(evening telephone)	(email)
•	(Applicant signature)		(print name)	(birth date)
	(street)	(city)	(state or providence)	(country)
	(day time telephone)		(evening telephone)	(email)

Thank you for your willingness to join with us in *The Urantia Book* Fellowship's efforts to disseminate the teachings of *The Urantia Book* to the peoples of the world.

## Send this application to:

Membership Committee

The Urantia Book Fellowship
P.O. Box 4583, Grand Central Station
New York, NY 10163 USA