



The Fellowship of the Cosmic Mind
Church of Revived PaleoChristianity

APPLICATION FOR MEMBERSHIP			
Last Name		First Name	
Middle Name		Maiden Name	
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Place of Birth (city, state or province, country)
Date of Birth			
<i>Current Address</i>			
Address 1			
Address 2			
City			
State			
Zip			
Country			
<i>Mailing Address (if different)</i>			
Address 1			
Address 2			
City			
State			
Zip			
Country			
<i>Phone Numbers - Email Address</i>			
Home Phone		Cell Phone	
Work Phone		Fax Number	
Preferred Email Address			
<i>Emergency Contact</i>			
Name			
Last Name			
Email Address			
Telephone			
Address			
City			
State			
Zip			
Country			
Relationship			

<i>Education</i>		<i>Occupation</i>					
<i>Employer</i>		<i>Marital Status</i>					
		Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>					
		<table border="1"> <tr> <td>Number of times married</td> <td></td> </tr> <tr> <td>Number of long term relationships</td> <td></td> </tr> </table>		Number of times married		Number of long term relationships	
Number of times married							
Number of long term relationships							
Religions/Churches previously attended & associated (name of church & city/state/country):							
<i>Name</i>		<i>Location</i>					
Family Members in Your Current Household							
<i>Name</i>		<i>Birthdate</i>	<i>Relationship</i>				
Forum							
Cass forum email address							
Cass forum name							
PC forum email address							
PC forum name							
Websites and blogs (optional)							

What way(s) do you desire to serve within our Fellowship (based on your interests, abilities, gifts, and time)?

When and how did you come to know of The Fellowship of Cosmic Mind?

Additional Information

I have access to the Articles of Incorporation and Statement of Principles of the Fellowship of the Cosmic Mind and am in full agreement with them in both word and spirit. As a member of this Fellowship, I will abide by these documents, and will endeavor to fulfill my responsibilities to this work to the best of my abilities.

Printed Name of Applicant

Signature

Date

Place Signed

Please return this completed application to:

Fellowship of the Cosmic Mind

PO Box # 7238

Boulder, CO 80306

United States of America

Office Use Only Below

Interview by Admission Team, if any ___/___/___

Elder Team Recommendation: