



Application for Membership

Please fill in this application form as accurately and completely as possible. Admission as a FOTCM Member will be evaluated based on your sincerity and the completeness of the information you provide. Fields marked with an * are required.

1. Basic Information

First Name *

Gender *

Middle Name

Nationality *

Last Name *

Birth Information

Date of Birth *

City *

State / Province

Country *

2. E-mail Addresses

Preferred E-mail *

Secondary E-mail

3. Phone Numbers

Home Phone

Country Code

[Enter 1 for USA](#)

Phone Number

3. Phone Numbers (continued)

Cell Phone

Country Code	Enter 1 for USA
Phone Number	

Work Phone

Country Code	Enter 1 for USA
Phone Number	

4. Residence Address

This address is your officially registered residence within your country or nation. If you currently live in a secondary residence to which you want to receive postal mail instead, please fill out the next section "Postal Address" also.

Address 1 *

Address 2

State / Province

Postal Code *

Locality / City *

Country *

5. Postal Address

This is the address to which you want to receive mail via regular postal service. If this address is the same as your address of residence in Section 4 above, you can leave this section blank.

Address 1 *

Address 2

State / Province

Postal Code *

Locality / City *

Country *

6. Emergency Contact Person

*This information may only be used under exceptional circumstances to contact a relative or close friend on your behalf.
Please ask the person for his/her consent before entering any personal information below. You may leave this section blank.*

Relation to Person

First Name

Last Name

Gender

E-mail

Phone Country Code

[Enter 1 for USA](#)

Phone Number

Address 1

Address 2

State / Province

Postal Code

Locality / City

Country

7. Professional Info

Employer

[Company name, Self-employed, etc.](#)

Occupation *

[In addition to formal education, include any skills or qualifications you may have:](#)

Education /
Qualifications /
Skills *

8. How you can help the Fellowship

Services Volunteered *

Native Language *

Foreign Languages

9. Other Information

This section helps us to understand your current living situation and history.

Marital Status

Friends & Family in FOTCM

[Include each person's name and their relationship to you. Leave blank if you live alone:](#)

Members of Household

Your Websites or Blogs

Cassiopea Forum Username

Cassiopea Forum E-mail

How did you find us? *

[Tell us why you want to be a member of FOTCM:](#)

Your expectations *

[Use this field to share any additional info that doesn't fit elsewhere:](#)

Additional Info

** I have read the 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.*

** I have read and agree with the FOTCM Membership Privacy Policy*

Signature and Date:

[Sign after printing](#)

You're Done! Now send us your printed application...

1. Please double-check all the data on your application
2. Print your application
3. **Sign and date your application**
4. Mail your completed, signed, and dated application to:

Fellowship of the Cosmic Mind (FOTCM)
295 Scratch Branch Rd
Otto, NC 28763
USA

Electronic copies of your application **cannot** be accepted for legal reasons.

We will contact you shortly after processing your application.

Questions and concerns can be sent to: info@paleochristianity.org

We look forward to welcoming you into the Fellowship!

The Fellowship of the Cosmic Mind (FOTCM) is a religious and charitable non-profit organization under the terms of section 501(c)(3) of the U.S. Internal Revenue Code. For more information about us, view [our website](#), our [Statement of Principles](#), our [Articles of Incorporation](#), and our profile on the non-profit listing website [GuideStar.org](#).

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