

Application for membership

|  |  |
| --- | --- |
| First and last name |  |
| Country |  |
| City, ZIP, address |  |
|  |  |
| Phone |  |
| Email |  |

There are two categories of membership in the Association: Full Member and Associate Member.

Select Membership Type

|  |  |  |  |
| --- | --- | --- | --- |
|  | Full Membership |  | Associate Membership |

*Full Members* have read The Urantia Book in its entirety and may participate in all Urantia Association activities including holding office and voting in National and Local Association membership activities.

*Associate Members* are readers of The Urantia Book who have not yet completed reading the book in its entirety. Associate Members may participate in all Urantia Association activities except holding office and voting in National or Local Association membership activities. Associate Members may become a Full Member upon completion of reading The Urantia Book in its entirety.

Policy Agreement

I have read the Charter & Bylaws and the Privacy Policy of Urantia Association International as well as the Declaration of Trust Creating Urantia Foundation (<http://urantia-association.org/about-uai/governance-policies>). I agree to abide by the provisions in these four documents. I pledge to support the goals and purposes of both the Urantia Association International and Urantia Foundation.

|  |  |
| --- | --- |
|  | Yes I agree |

I understand Urantia Association International is an organization of National & Local Associations and I will join at the National or Local level, and through that association become a member of the international organization.

|  |  |
| --- | --- |
|  | Yes I understand |

Contact Permission

You can grant Urantia Association permission to give your name, telephone number and email address to other students of The Urantia Book in your area. Your personal information will not be disclosed to third parties without your consent (<http://urantia-association.org/privacy-policy>).

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes I grant permission |  | No I do not grant permission |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| Name |  | Signature |  | Date |