

QUESTIONNAIRE FROM INTERNATIONAL FELLOWSHIP COMMITTEE

(The information requested below is solely for the use of the URANTIA Brotherhood Office and will be kept strictly confidential. Please feel free not to answer those questions to which you object.)

Name \_\_\_\_\_  
                     (Last Name)                                    (First Name)

Address \_\_\_\_\_  
 (Please give as complete an address as possible including country and any special mailing codes.)

Telephone \_\_\_\_\_  
 (Please include international country and city codes.)

(circle one)

1. Are you presently on the URANTIA Brotherhood mailing list?       yes       no

    If yes, do you want to remain on the list?                     yes       no

    If not, would you want to be added to the list? (Those on the mailing list receive the URANTIA Brotherhood Bulletin and announcements, information relating to conferences, etc.)   yes       no

2. When did you begin reading The URANTIA Book or La Cosmogonie? \_\_\_\_\_

3. Have you read the entire Book?                                     yes       no

    If not, how much have you read?                                 \_\_\_\_\_%

4. Would you be willing to contact other readers in your area that have written to URANTIA Brotherhood?                     yes       no

5. Do you belong to any study groups, the major purpose of which is to study The URANTIA Book or La Cosmogonie?       yes       no

    If yes, how many? \_\_\_\_\_

    If the answer to question 5 was "yes," if possible please answer the following questions. Use another sheet if necessary.

Study Group One

Name of group, if any \_\_\_\_\_

Approximate number who attend \_\_\_\_\_

What is the city or geographic location of your group? \_\_\_\_\_

How does your group study the Book? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Study Group One - (Cont'd.)

Is there a particular focus? \_\_\_\_\_  
\_\_\_\_\_

Is the study group open to new members?                       yes     no

If more information were desired, who could be contacted?  
(Please request permission from the person(s) named below before mentioning them.)

Name

Address

Telephone

Study Group Two

Name of group, if any \_\_\_\_\_

Approximate number who attend \_\_\_\_\_

What is the city or geographic location of your group? \_\_\_\_\_  
\_\_\_\_\_

How does your group study the Book? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there a particular focus? \_\_\_\_\_  
\_\_\_\_\_

Is the study group open to new members?                       yes     no

If more information were desired, who could be contacted?  
(Please request permission from the person(s) named below before mentioning them.)

Name

Address

Telephone

If you belong to more than two study groups, please answer the same questions  
on another sheet of paper.

We would like to serve you in any way we can. If there is anything that we can  
do, or if you have suggestions for us, please let us know.

PLEASE FEEL FREE TO REPRODUCE THIS FORM AND TO SHARE IT WITH OTHER STUDY GROUPS.