

EXECUTIVE DIRECTIVE

THE WAY TO HAPPINESS FOUNDATION INTERNATIONAL

THE WAY TO HAPPINESS FND INT ED 72-3R

16 October 2000

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Prospective The Way To Happiness Offices or Groups

APPLICATION FOR AUTHORIZATION TO START A THE WAY TO HAPPINESS® OFFICE OR GROUP

Information:

All prospective persons who wish to become a recognized The Way to Happiness Office or Group and use the The Way to Happiness trademarks must first apply. The person who signs and is approved for this application will be fully responsible for standardly operating the group.

The Way To Happiness Foundation International is a non-profit corporation and has been granted tax exemption by the Internal Revenue Service under section 501 (c) (3) of the Internal Revenue Code. To qualify under the code, The Way To Happiness Foundation International was incorporated as a public benefit organization and is organized and operated exclusively for charitable and educational purposes. The purpose of this Application Form is to determine that your Office/Group will fulfill this obligation and qualify for approval by The Way To Happiness Foundation International.

Please print or type the requested data. Answer as completely as possible with enough data to make the information available to The Way To Happiness Foundation International. If there is not enough space provided to answer fully, please use additional paper. We look forward to having you as a member of the group that is taking responsibility for improving morals in all areas of society.

NOTE: Many of the questions below are of a personal nature, but are included to help protect the The Way to Happiness trademarks and to ensure that they are used correctly and remain in good hands. The Way to Happiness Foundation International, ABLE International, or ABLE Cont/National offices may not improperly discriminate against applicants on the basis of a person's race, color, national origin, ancestry, citizenship, religion, sex, age, disability (or any other classification that is protected by federal, state or local law).

Board of Directors
The Way To Happiness
Foundation International

BDTWTHFNDI:

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APPLICATION FORM TO START A

ATTACHMENT:

THE WAY TO HAPPINESS® OFFICE OR GROUP

PLEASE PRINT

Today's Date: _____

Your Name:

(First) _____ (Middle) _____ (Family) _____

Other names that you are or have been known by (including maiden name, if appropriate, and time period used):

Your Address: _____

City _____ State/Province _____

Country _____ Postal Code: _____

Phone: _____ Fax: _____ E-mail: _____

1. Social Security Number/Personal Identity Number: _____

2. Date of Birth: _____ Place of Birth: _____

Attach a photograph of yourself here

photo

3. Present Occupation: _____

4. History of Work Experience: (Use Additional paper if necessary)

<u>Employer</u>	<u>Type of Work</u>	<u>Date Started – Ended</u>	<u>Reason Ended</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Other organizations have you participated in or been a member of:

<u>Name of Organization</u>	<u>Type of Activities</u>
_____	_____
_____	_____
_____	_____
_____	_____

6. List the highest level course using the technology of L. Ron Hubbard that you have completed, as well as other courses pertinent to your delivery, the date and the organization you did the training at.

<u>Name of Course/Training</u>	<u>Date Completed</u>	<u>Organization</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. List any other services you have received based on the technology of L. Ron Hubbard the date and which organization (s) you received these at.

<u>Name of Service</u>	<u>Date Completed</u>	<u>Organization</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Are you currently receiving services using the technology of L. Ron Hubbard? Yes: ____ No: ____

If so please provide data on what the service is and from what organization you are receiving this service.

9. Have you ever made claim against The Way to Happiness, Association for Better Living and Education, the successors of L. Ron Hubbard or any person associated with The Way to Happiness? If so, give details

10. Do you have huge personal debts that cannot be adequately covered by probable organization

compensation and any other income sources which would immediately pull you back out of the Office/Group? If so, give details.

11. Would you be unreasonably distracted from carrying out the purposes and activities of your The Way to Happiness Office/Group by personal circumstances, (e.g. having a relative or associate who is a strident antagonist of L. Ron Hubbard or his technology?)

12. Please attach a resume (curriculum vitae) for yourself. Attached? Yes _____ No _____

13. Proposed name of Office/Group (the name may only include the area of the immediate vicinity that the group will operate in, e.g. Hollywood, for a local group; Italy for the national headquarters.)

14. Address of Office/Group facility: _____

City _____ State/Province _____

Country _____ Postal Code: _____

Phone: _____ Fax: _____ E-mail: _____

15. Purpose of the Office/Group: _____

16. Date Office/Group to open: _____

17. How many staff will be employed? _____

18. Please list executive & key staff in your Office/Group or who are planning to start, along with their their functions.

Full Name:

Function:

19. Public to be promoted and delivered to: _____

20. Attach any promotional literature and copies of ads being use or planned to be used in newspapers.

Attached: _____

21. Incorporated? Yes _____ Date of incorporation: _____ (Go to question No.

22a.) No: _____ (Go to question No. 25)

22a. Provide Board of Directors' data as requested below: (If needed write in separate page.)

a) Name: _____

Other names that he/she is or has been known by (including maiden name, if appropriate, include time period used):

Address: _____

Date of Birth: _____ Place of Birth: _____

b) Name: _____

Other names that he/she is or has been known by (including maiden name, if appropriate, include time period used):

Address: _____

Date of Birth: _____ Place of Birth: _____

c) Name: _____

Other names that he/she is or has been known by (including maiden name, if appropriate, include time period used):

Address: _____

Date of Birth: _____ Place of Birth: _____

22b. Provide the Corporate Officers data as requested below: (If needed write in separate page.)

a) Name: _____

Other names that he/she is or has been known by (including maiden name, if appropriate, include time period used):

Address: _____

Date of Birth: _____ Place of Birth: _____

b) Name: _____

Other names that he/she is or has been known by (including maiden name, if appropriate, include time period used):

Address: _____

Date of Birth: _____ Place of Birth: _____

c) Name: _____

Other names that he/she is or has been known by (including maiden name, if appropriate, include time period used):

Address: _____

Date of Birth: _____ Place of Birth: _____

23. Please attach a list of any training completed using the technology of L. Ron Hubbard and/or a resume, for each Director and Corporate Officer. Attached? Yes _____ No _____

24. Is your corporation non-profit? Yes: _____ No: _____

(Offices and Groups using *The Way to Happiness* are to only use *The Way to Happiness* for charitable and distribution purposes in accordance with the tax exempt status granted per the Internal Revenue Code.)

25. If not incorporated, do you intend to become incorporated in the future? Yes: _____ No: _____
Please give details concerning your intentions.

26. Any additional data you want to communicate?

I attest that I have answered these questions truthfully and completely.

Applicant

Signature

Thank you!

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