



For Official Use Only
Date Rec'd: ___/___/___
Chk# _____ Amt _____
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Please type or print clearly

All information must be completed in full and mailed to: The American Chaplains Association, 1635 Old 41 Hwy, Suite 112-222, Kennesaw, GA. 30152. For further information please email us at: Julia@americanchaplainsassociation.com or call (404) 418-8708.

Where the space provided is insufficient, attach additional sheets, but please do not write on the backside of pages. Illegible, incorrectly or partially completed applications will be delayed until the problems are corrected.

I. PERSONAL INFORMATION

Date _____

1. FULL NAME _____
LAST FIRST MIDDLE MAIDEN

Name _____ Degree _____

Print your name exactly as you want it to appear on your membership certificate

2. ADDRESS _____

CITY STATE ZIP CODE

3. E-MAIL ADDRESS _____

4. TELEPHONE NUMBER (HOME) _____ Work _____

5. DATE OF BIRTH _____

6. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER _____

6. Have you ever served active duty in the Armed Forces, the Reserves or the National Guard during wartime or during any conflict when military personnel were commissioned by the President? () Yes () No

II. Membership Application Type

7. If this is **not** a renewal, you must complete the application in full

8. Are you a(an): Chaplain _____ Minister _____ Pastoral Counselor _____ Pastor _____ Counselor _____

9. Are you: _____ Ordained _____ Licensed _____

Church Affiliation: _____

Denomination: _____

Please Submit a brief history of your ministry experience.

Applicants Name _____

Date _____

10. Are you currently employed by a church or ecclesiastical body? () Yes () No

If your answer is "Yes", give the following information:

Name of Church: _____

Address: _____

11. Have you held a license or certification in any jurisdiction, at any time, as a Chaplain, Professional Counselor, Marriage and Family Therapist, Social Worker, Christian Counselor and/or Therapist? () Yes () No

If your answer is 'No', go to question #13:

License/Certification Title _____

Jurisdiction _____ License/Certification Number _____

Date Issued _____ Expiration Date _____

12. If you have ever held a License/Certification per above, complete the following items.

a. Have you had a License/Certification revoked, suspended or annulled?

() Yes () No

b. Have you ever had a disciplinary action taken against you by the authority issuing the License/Certification?

() Yes () No

c. Have you been refused renewal of the License/Certification pursuant to disciplinary proceedings?

() Yes () No

If you checked "Yes" for either question "a", "b" or "c", enclose an explanation and a copy of the order, decree and other relevant documents.

13. Have you been the subject of disciplinary proceedings? () Yes () No

If your answer is "Yes", explain and attach final disposition. _____

14. Have you ever been the subject of disciplinary action or had your membership revoked by a professional organization governing the practice of counseling, either secular or religious? () Yes () No

If your answer is "Yes", please explain. _____

15. Have you been a defendant in a malpractice suit and either entered into a settlement agreement or paid court awarded damages? () Yes () No

If your answer is "Yes", please explain. _____

16. Have you been arrested or charged for the commission of any felony or any crime involving moral turpitude?

() Yes () No

Please Submit a brief history of your ministry experience.

Applicants Name _____

Date _____

If your answer is "Yes", explain and attach final decree. _____

Please send 2 References with emails and phone numbers

III. OATH

I acknowledge that I may be required to furnish additional information promptly in order for this application to be processed. I attest that the information provided is true and accurate to the best of my knowledge. I release from all harm the American Chaplains Association and its board and authorize them to investigate and gather all information relevant to my application for membership. I have read, understand and agree to abide by the Code of Ethics as set forth by the American Chaplains Association.

Applicant's Signature _____ Date _____



30. Personal Photo:

The American Chaplains Association requires a personal photo approximately 2" x 2" to be attached to your application.