



RENEWAL APPLICATION FOR AMERICAN CHAPLAINS ASSOCIATION

Fee: \$85.00 1yr/\$125 2years

Please type or print clearly

All information must be completed in full and mailed to: The American Chaplains Association, OR email: Julia@TheOpusOneGroup.com OR fax: 678-669-1679, 1635 Old 41 Hwy, Suite 112-222, Kennesaw, GA. 30152. For further information please email Julia@TheOpusOneGroup.com

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 card

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

Are you a member of other associations, please list the association: Chaplain _____ Minister

_____ Pastoral Counselor _____ Pastor _____ Counselor _____

7. Are you: _____ Ordained _____ Licensed

Church Affiliation: _____

Denomination: _____

8. Please send a ministry update from over the past year.