



**MEMBERSHIP APPLICATION**  
For New Regular and Associate Members  
*Rates valid through 31 May 2012*

**PERSONAL INFORMATION**

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Suffix \_\_\_\_\_  
Address \_\_\_\_\_  
Address 2 \_\_\_\_\_  
City \_\_\_\_\_ State/APO/FPO \_\_\_\_\_  
Zip \_\_\_\_\_ Plus 4 \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_ Last 4 SSN \_\_\_\_\_  
DOB[yy/mm/dd] \_\_\_\_\_ Spouse Name \_\_\_\_\_

**CONTACT INFORMATION**

Mobile ( ) \_\_\_\_\_ Office ( ) \_\_\_\_\_ Residence ( ) \_\_\_\_\_  
Preferred Email \_\_\_\_\_

**PROFESSIONAL INFORMATION**

Faith Group/Denomination [full name] \_\_\_\_\_  
Federal level Service: Army \_\_\_\_\_ Navy \_\_\_\_\_ Air Force \_\_\_\_\_ Veterans Affairs \_\_\_\_\_ Civil Air Patrol \_\_\_\_\_  
Year and month of commissioning or appointment as a chaplain in one or more of the above five federal level services: \_\_\_\_\_ / \_\_\_\_\_

*In order for us to process your application, please note: 1) Regular Member and Life Member applications must include the above chaplaincy appointment information and 2) Associate Member and Associate Life Member applications from those who have not held appointment as a chaplain in one of the five federal services listed above must include a separate statement of background and interest in supporting military chaplaincy as well as the Association's purpose and ministry features.*

Rank/GS level: \_\_\_\_\_ Current Status: Active \_\_\_\_\_ Guard \_\_\_\_\_ Reserve \_\_\_\_\_ Retired \_\_\_\_\_  
Current Ministry Role: \_\_\_\_\_

**Membership Fee Policies:**

The introductory processing fee is \$25 for new Regular or Associate Members anytime during the calendar year of initial participation. Thereafter, dues are renewed annually in January and are currently \$50 per year. Existing members must use a separate renewal form for paying annual dues or for reactivating membership after a gap in annual dues payment.

Life & Associate Life Memberships are pro-rated as: up to 55 years of age at \$600 ages 56 thru 65 at \$500 age 66 or older at \$400. Contact the MCA National Office to arrange payment for Life Membership in three installments as needed.

**Please return this form with payment to:**

Military Chaplains Association  
P. O. Box 7056  
Arlington, VA 22207-7056

Signed: \_\_\_\_\_  
Date Sent: \_\_\_\_\_

**FOR MCA OFFICE USE**  
CK/MO # \_\_\_\_\_ Amount \_\_\_\_\_  
Date Entered \_\_\_\_\_  
Date Received \_\_\_\_\_  
Notes \_\_\_\_\_  
\_\_\_\_\_