



MEMBER Application
Regular and Associate Members
Rates valid through 2017

PERSONAL INFORMATION

Last Name First MI Suffix

Address

Address 2

City State/APO/FPO

Zip+4 - Female __ Male __

DOB (mm/dd/yyyy) Spouse Name

CONTACT INFORMATION

Preferred phone Alternate phone

Preferred Email Alternate Email

PROFESSIONAL INFORMATION

Faith Group/Denomination [full name]

Chaplaincy 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: ___/___

Rank/GS standing: Current Status: Active __ Guard __ Reserve __ Retired __

Please attach a statement of your background and interest in supporting chaplaincy in the military or Department of Veterans Affairs. For Regular Membership, please provide information regarding your endorsement for the chaplaincy.

Membership Fee Policies:

Initial Dues are \$25 for the first year.

Dues are renewed annually by January and are currently \$50 per year.

Life & Associate Life Memberships are:

< 55 years of age - \$600 __ ages 56 thru 65 - \$500 __ age 66 or older - \$400 __

Contact the MCA National Office to arrange payment for Life Membership in three installments if needed.

Please return this form with payment to:

Military Chaplains Association

P. O. Box 7056

Arlington, VA 22207-7056

You may pay by check or credit card

Credit Card Number

Card Security Code Expiration (M/Y)

Billing Zip Code Date

Name as it appears on card (printed)

Signature

Additional Gift in Support of the Military Chaplains Association

(tax deductible)

Amount

Operating Fund yes no

Other Designation