



MEMBER Renewal
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 __

If applicable, current ministry assignment:

Membership Fee Policies:

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