



MEMBER Application/Renewal

Regular and Associate Members

Rates valid through 2023

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 290699

Columbia, SC 29229

You may pay by check or credit card

Credit Card Number _____

Card Security Code ___ Expiration _____

Billing Zip Code _____

Name as it appears on card (printed)

Signature

Or renew on line – ***MCA-USA.org/renew***

Additional Gift in Support of the Military Chaplains Association	
(tax deductible)	
Amount _____	
Operating Fund yes ___	
Other Designation _____	