

American Correctional Chaplains Association

Application for Membership or Membership Renewal

Name _____

Home Address _____

City _____ State _____ Zip/Postal Code _____

Phone _____ Fax _____ e-mail _____

Work Assignment _____

(Institution in which you serve and employer of record)

Position Title _____

Address _____

City _____ State _____ Zip/Postal Code _____

Phone _____ Fax _____ e-mail _____

Religious Credentials: _____ Highest Degree: _____

(Ordained, Licensed, Elder, Deacon, Imam, Rabbi, etc.)

(e.g. B.A., M.Div., D.Min., Ph.D.)

Denomination/Religion: _____

Endorsing Body: Name _____

Address _____

Phone _____

Title and name as you would like it to appear on your certificate: _____

Preferred mailing address: ___Home or ___Work

Have you ever been an ACCA Certified Correctional Chaplain? ___Yes or ___No

[For information on ACCA certification, see the ACCA website at www.correctionalchaplains.org]

Membership Category: ___New or ___Renewal (Select one appropriate category below)

A. ACCA Certified Correctional Chaplain _____ **Dues \$30.00/Year**

Current ACCA Certification (please enclose copy of certificate)

B. Professional Member _____ **Dues \$40/Year**

1. Ordination, certification, or ecclesiastical verification in religious vocation.

2. Theological education as required by religious affiliation.

3. Ecclesiastical approval in the field corrections.

C. Affiliate Member _____ **Dues \$120/Year**

The Affiliate Members shall consist of religious organizations, denominations, agencies, or institutions of higher learning that have a special interest in religious ministry in the correctional field.

D. Associate Members _____ **Dues \$20/Year**

Associate Members include laypersons, part time volunteers, retired ACCA members and students who have an interest in ministry in correctional facilities and wish to be supportive of ACCA.

E. Retired Professional _____ **Dues \$20/Year**

F. Auxiliary _____ **Dues \$25/Year**

Anyone wishing to support the goals of the ACCA

G. Lifetime Membership _____ **Dues \$500 (once)**

Any of the above categories

Please make checks payable to: ACCA

TODAY'S DATE: _____

Mail to:

Stephen G. Johnson, ACCA Membership Secretary
c/o Salvation Army Eastern Michigan Division Headquarters
16130 Northland Drive
Southfield, MI 48075

____ Please end my membership because _____

Office Use Only: Region _____ Date _____ Ref # _____