

American Correctional Chaplains Association

Application for Membership or Membership Renewal

Name _____

Home Address _____

City _____ State _____ Postal Code _____

Phone _____ Fax _____ E-mail _____

Work Assignment _____

(Institution in which you serve and employer of record)

Position Title _____

Address _____

City _____ State _____ Postal Code _____

Phone _____ Fax _____ E-mail _____

Religious Credentials _____ Highest Degree _____

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

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

Denomination/Religion: _____

Endorsing Body: Name _____

Address _____

Phone _____

Certified Correctional Chaplain by ACCA: _____

_____ I desire information on ACCA Certification.

This Membership is (check one): **New** or **Renewal**.

Membership Category:

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

1. 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 Hall, Membership Secretary, ACCA
302 W. Washington Street, E329
Indianapolis, IN 46204**

_____ **Please end my membership because** _____

Office Use Only: Region _____ Date _____ Ref # _____