

THE NATIONAL ASSOCIATION OF CATHOLIC CHAPLAINS

MISSIONARY STATUS REQUEST FORM

A Board Certified Chaplain or CPE Supervisor currently engaged in full-time ministry in developing areas of the U.S./other countries (*one applies for this status through this application*). While a member in this category, one must follow one's original renewal of certification schedule.

At the time of your annual renewal complete this form and return it with the \$60.00 annual dues payment (January 1, 2012 to December 31, 2012 membership year). Make checks payable to: **National Association of Catholic Chaplains**

Mail the completed Missionary Status Request Form with the \$60.00 annual membership dues payment to:
National Association of Catholic Chaplains, 4915 S. Howell Ave., Suite 501, Milwaukee, WI 53207-5939

PERSONAL INFORMATION

PART I

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE/EMAIL _____

NACC MEMBER NUMBER _____

PART II

TYPE OF MISSIONARY WORK _____

LOCATION OF MISSIONARY WORK _____

DATES OF SERVICE _____

PART III

DATE OF REQUESTED STATUS CHANGE _____

THIS FORM IS VERIFICATION OF MY MISSIONARY STATUS IN NACC WITH FULL RIGHTS AND PRIVILEGES.

SIGNATURE _____

DATE _____