

THE NATIONAL ASSOCIATION OF CATHOLIC CHAPLAINS

RETIRED STATUS REQUEST FORM

A member who has been a full member for at least five years and is no longer earning a salary and desires to remain active in NACC. *(One applies for this status through this application)* If one is a certified member, he or she will need to continue his/her process for renewal of certification (five-years for chaplains and seven-years for supervisors) to remain certified. The retired member retains full member privileges and responsibilities.

At the time of your annual renewal complete this form and return it with the \$50.00 annual dues payment (January 1, 2012 to December 31, 2012 membership year). Make checks payable to: **National Association of Catholic Chaplains**

Mail the completed Retired Status Request Form with the \$50.00 annual membership dues payment to:
National Association of Catholic Chaplains, 4915 S. Howell Ave., Suite 501, Milwaukee, WI 53207-5939

INDICATE MEMBERSHIP STATUS FOR WHICH YOU ARE APPLYING

- RETIRED CERTIFIED**
- RETIRED NON-CERTIFIED** **MEMBERSHIP NUMBER** _____

PART I

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE/EMAIL _____

PART II

LAST EMPLOYER _____

POSITION _____

PART III

DATE OF RETIREMENT _____

THIS FORM IS TO VERIFY MY RETIREMENT AND MY DESIRE TO BECOME A RETIRED MEMBER IN NACC WITH FULL RIGHTS AND PRIVILEGES.

SIGNATURE _____

DATE _____