



OFFICE USE ONLY

Membership Number: _____

Month/Year Joined: _____

Payment Method: _____

Student Member Application Information

Personal Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment / Unit #

City State ZIP Code

Diocese of Residence: _____

Diocese of Employment: _____
(If Applicable)

Title: Rev. Sister Brother Deacon Mr. Mrs. Ms. Dr. Other _____

Gender: Male Female

Home Number: (_____) _____ Cell Number: (_____) _____

Email Address: _____ Birth Date: _____

Other Information

Name of School: _____

Address: _____
Street City State ZIP Code

Degree Pursued: _____

Workplace (if applicable): _____

Your Title: _____ Department: _____

Work Number: (_____) _____ Ext: _____ Pager: _____

*** The following information is optional and is for USCCB/CCA statistical purposes:**

Ethnicity (Please check all that apply)

- White Black or African American American Indian and Alaska native Asian African Hispanic or Latino
- Native Hawaiian and other Pacific Islander Multiracial Other _____

Religious Affiliation

Roman Catholic Other _____

Please Note:

- Please enclose payment of \$50.00 (in U.S. funds) for annual membership dues along with this application. Make check payable to: NACC.
- Mail completed application, signed Member Ethics Statement, and fee to:
The National Association of Catholic Chaplains
4915 S. Howell Avenue, Suite 501
Milwaukee, WI 53207- 5939

(Date)

(Applicant Signature)

* NACC Vision serial publication and NACC Now E-newsletter, are included in the above membership level.

National Association of Catholic Chaplains Member Ethics Statement

Membership in the National Association of Catholic Chaplains (NACC) means that you will abide by the NACC Code of Ethics and are qualified for the membership category selected. By becoming an NACC member, you are agreeing to be subject to the rules, regulations, and enforcement of the terms of the NACC Code of Ethics (available to you at <http://www.nacc.org/certification/standards-and-procedures.asp>).

Your signature below attests that all information provided on this application is true and accurate, you have reviewed the NACC Code of Ethics and pledge to uphold it, and you acknowledge that you can be held accountable under the NACC Standards and Procedures for any violation of the Code.

Signature

Date