



4915 S. Howell Avenue  
Suite 501  
Milwaukee, WI 53207-5939  
Telephone: 414.483.4898  
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www.nacc.org

OFFICE USE ONLY

Membership Number: \_\_\_\_\_

Month/Year Joined: \_\_\_\_\_

Payment Method: \_\_\_\_\_

## Affiliate Member Application Form

### Personal Information

Full Name: \_\_\_\_\_  
*First M.I. Last Religious Initials (if applicable)*

Address: \_\_\_\_\_  
*Street Address Apartment / Unit #*

\_\_\_\_\_ *City State ZIP Code*

Diocese of Residence: \_\_\_\_\_

Diocese of Employment: \_\_\_\_\_

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

Gender:  Male  Female

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_

### Employment Information

Workplace: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_ *City State ZIP Code*

Your Title: \_\_\_\_\_ Department: \_\_\_\_\_

Work Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Pager: \_\_\_\_\_

Please note ~ it is the policy of the NACC not to sell or share mailing or email addresses of its members.

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

**Ethnicity** (Please check one)

- 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** (Please check one)

- Roman Catholic  Other \_\_\_\_\_

See Second Page

Please Note:

- Please enclose payment of \$130.00 (in U.S. funds) for annual membership dues along with this application. Make check payable to: NACC.
- Mail completed application including the signed Member Ethics Statement and fee to:  
The National Association of Catholic Chaplains  
4915 S. Howell Avenue, Suite 501  
Milwaukee, WI 53207- 5939

*\* 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.

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.

The NACC Code of Ethics for Spiritual Care Professionals and the Ethics Procedures Manual are available to you on the NACC website: <http://www.nacc.org/certification/nacc-certification-competencies-and-procedures/professional-code-of-ethics/>.

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(Signature)

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(Date)