NACC Education Institution Member Application Form

Education Institution: ________________________________________________________________

Street Address: _______________________________________________________________________________

City, State, Zip Code: ___________________________________________________________________________

Website: ________________________________________________________________________________________ Affiliation: □ Public □ Private □ Catholic

Primary Representative: ____________________________________________________________________________

□ Dr. □ Mr. □ Ms. □ Sr. □ Fr. □ Br. □ Rev. □ Dcn. □ Other __________________________ Gender □ Male □ Female

Title: ______________________________ Dept.: __________________________________________________________

Phone: ______________________________ Email: __________________________________________________________

We are pleased to commit to being an:

□ NACC Education Institution Member ........................................................................................................ $500

Signature ___________________________ Date __________________________

PLEASE NOTE:

Mail this form and payment to:

National Association of Catholic Chaplains
Attention: Linda Yanasak - Member Specialist
4915 S. Howell Avenue, Suite 501
Milwaukee, WI 53207-5939
Phone: (414) 483-4898 / Fax: (414) 483-6712
E-mail: lyanasak@nacc.org

For Visa, MasterCard, or Discover payment, send this application to the address above and you will be emailed an invoice with a link for payment on-line.

Upon receipt of your membership payment, NACC will contact the primary representative (above) to develop your web presence with the appropriate information regarding your programs.

For N-ACC use:

Member # _______________________ Member since ___________________ Web Info Sent _______________ Web Info Rec’d _______________