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: Kathy Shine, Member Specialist
4915 S. Howell Avenue, Suite 501
Milwaukee, WI 53207-5939

Phone: (414) 483-4898 / Fax: (414) 483-6712
E-mail: membership@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 NACC use:

Member # ___________________ Member since ________________ Web Info Sent ________________ Web Info Rec’d ________________

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