MCA MEMBERSHIP APPLICATION

Title: Name **Date:**

Email address:

Phone: Work: **Cell:** **Home:**

Mailing Address: City: **State** **Zip:**

Employment: Position: **Retired:**

Institution:

Address:

City **State:** **Zip:**

Title of Position: **Full time:** **Part-time**

Ecclesiastical or Religious Affiliation: (Tell us as much about yourself as you wish us to know.)

Signature: **Date**

Annual Dues (January – December) are $25, payable to Michigan Chaplains Association.

NOTE: if your Institution pays be sure your name is on the check.

Do you wish to have your name and personal information on the MCA Website: www.michap.org?

Yes? No? : Let us know what info you wish to have on the web site:

Thanks for joining your chaplain colleagues.

Looking forward to meeting you at our annual conference.

Mail to Curt Roelofs, Treasurer, 4426 Wisteria Ct, Warren, MI 48092