

ACCA MEMBERSHIP APPLICATION

If renewal only complete items that have changed since your last application:

Initial Renewal

Name First: _____ Middle: _____ Last: _____

Home Address: _____ City: _____ State: _____ ZIP _____ - _____

Phone: (____) _____ - _____ Home Cell Work Email: _____

Age Group: 18-30 31-45 46-60 61-75 75 > I am an: Employee Volunteer

Name of Facility: _____ Agency: _____

Fac. Address: _____ City: _____ State: _____ ZIP _____ - _____

Position Title: _____ Email: _____

Faith Credentials: Ordained Licensed Elder Deacon Imam Rabbi Other: _____

Highest Degree: BA BS MA M.Div. D.Min. Ph.D. Other: _____

Religion/Faith Group: _____ Denomination: _____

Endorsing Body: _____ Contact: _____

Preferred method to receive "Correctional Chaplain Clips" Email Postal Preferred address: Home Work

Are you an ACCA Certified Chaplain? Yes No Previously Want to renew or apply for certification? Yes No

Membership Category:

Annual Dues:

- | | | |
|---|----------|---|
| <input type="checkbox"/> Professional | \$ 48.00 | Full time vocational religious/faith-based correctional chaplaincy |
| <input type="checkbox"/> Retired Professional | \$ 24.00 | Retired from vocational correction chaplaincy |
| <input type="checkbox"/> Auxiliary/Contributing | \$ 25.00 | Any individual wishing to support ACCA in its work |
| <input type="checkbox"/> Associate | \$ 24.00 | Part-time, volunteers, students, interns in correctional ministry |
| <input type="checkbox"/> ACCA Certified | \$ 36.00 | ACCA Certified Clinical Correctional Chaplain w/in past 5 years |
| <input type="checkbox"/> Lifetime | \$500.00 | One time lifetime dues for all but Affiliate category |
| <input type="checkbox"/> Affiliate | \$144.00 | Organizations of good will with interest in correctional chaplaincy |

MAIL APPLICATION with DUES TO:

Charles Williams, ACCA Treasurer
53 Ryan Road
Tolland, CT 06084

Or Email to: reverendcw@gmail.com

Bill my Credit Card: American Express Discover Master Card Visa

Card Number: _____ Expiration: _____ / _____

Security Code: _____ Name on Card: _____ Billing Zip: _____ - _____

Signature [required] _____