

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 | \$ 50.00 | Full time vocational religious/faith-based correctional chaplaincy |
| <input type="checkbox"/> Retired, Volunteer,
Part-Time, Student,
Contributing | \$ 25.00 | Retired from vocational correction chaplaincy |
| <input type="checkbox"/> ACCA Certification Fee | \$ 50.00 | One Time – Addition to Dues |
| <input type="checkbox"/> ACCA Certification
Renewal | \$ 25.00 | Re-Certification after Five Years |
| <input type="checkbox"/> Lifetime | \$500.00 | One time lifetime dues for all but Affiliate category |

MAIL APPLICATION with DUES TO:

Dale Hale, ACCA Treasurer
17606 W. Warren Ave.
Grayslake, IL 60030

... or Scan & Email to: dalehale44@gmail.com

Please enclose check (or mail directly if sending application via Email) payable to:

AMERICAN CORRECTIONAL CHAPLAINS ASSOCIATION

Signature [required] _____

Form revised: 8/14/2020