

**New York State Association of Protestant Chaplains
NYSAPC MEMBERSHIP/RENEWAL INFORMATION FORM**

Send completed membership form and check for appropriate NYSAPC membership category to **New York State Council of Churches 1580 Central Avenue Albany, NY 12205**
Membership year runs from **April 1- March 31. Make check payable to the NYS Council of Churches with notation for NYSAPC membership fees. You may also pay with a credit card [at this link](#). Please complete all the information on the webpage.**

2017 - 2018 MEMBERSHIP FEE NOW DUE – Don't wait for Fall Conference!

Please be sure to include your personal email address for timely communications!

Please PRINT clearly:

Name _____ Date _____

Personal Email Address _____

Business Address (include zip) _____ Home Address (include zip) _____

Business Phone and Fax _____ Home Phone _____

Date/Place of Ordination _____ Denomination _____

Is your ministerial standing authorized? Yes No

State Service Anniversary _____

Membership specific Information (Please check/fill in all applicable information)

Professional OPWDD OMH OCFS DOCCS (**\$150 per year**)
 Professional (part time) OPWDD OMH OCFS DOCCS (**pro-rate by time**)
 Associate (Serving as Chaplain in a Non-state facility) **(\$25 per year)**

Name of Facility _____

Address Facility _____

Affiliate (Supports the aims of NYSAPC)

Retired (year _____) **(\$25 per year)**

Participation Interests in NYSAPC

I would be interested in serving on the following standing committees or special project groups:

Education Conference Planning Committee _____ (mostly telephone conference calls)

Planning/Leading Worship _____ Musical Instrument (_____)