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. Please complete all the information on the webpage. http://nyscoc.org/chaplain-resources/ Scroll down for link to online payment.

2019 - 2020 MEMBERSHIP FEE NOW DUE

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

Please PRINT clearly:

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<th>Name</th>
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<td>Personal Email Address</td>
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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 (__________________)