



NEW YORK STATE ASSOCIATION OF FIRE CHAPLAINS, INC.
APPLICATION FOR MEMBERSHIP - Revised 2/1/2018

Title: _____ Last Name: _____ First Name: _____ MI: _____

Ordained _____ Lay _____ (check one) Spouse Name: _____

Address: _____

City: _____ State: _____ Zip Code +4 _____

County _____ Religious Affiliation _____

Fire Dept or Organization: _____

Home Phone: _____ Work/Cell: _____ Fax: _____

EMAIL ADDRESS: _____

This application **MUST** be accompanied by the following:

- 1) A letter of appointment from the Chief or President of the sponsoring Fire or EMS Organization.
- 2) You **must** provide a letter of reference from your church or religious affiliation, also known as a letter of ecclesiastical support.
- 3) A passport size photo which will be returned with membership photo ID Card.
- 4) A check in the amount of \$25.00 made payable to the NYSAFC, Inc. (which includes your first years dues).

FAILURE TO PROVIDE THE ABOVE WILL DELAY PROCESSING

Mail the above with this application to:

NYS AFC, Inc.
William Miles, Executive Secretary
470 Adam Street
Tonawanda, NY 14150
(716) 583-1413

Please list on back and/or send copies of certificates that you might have for training or certifications (ie: NIMS, CISM, CISD, HAZMAT, Etc.)