



***NEW YORK STATE ASSOCIATION OF FIRE CHAPLAINS, INC.***  
***APPLICATION FOR MEMBERSHIP*** - Revised 1/1/2015

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:

- 1) A letter of appointment from the Chief or President of the sponsoring Fire or EMS Organization.
- 2) A passport size photo which will be returned with membership ID Card.
- 3) A check in the amount of \$25.00 made payable to the NYSAFC, Inc. (which includes your first years dues).

Mail the above with this application to:

NYSAFC, Inc.  
William Miles, Executive Secretary  
470 Adam Street  
Tonawanda, NY 14150

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