



**New York State
Association of Fire Chaplains, Inc.
APPLICATION FOR MEMBERSHIP
(Revised April 24, 2022)**

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

Ordained ____ Lay ____ (check one) Spouse's Name: _____

Address: _____

City: _____ State: _____ Zip Code +4 _____

County _____ Religious Affiliation _____

Fire Department or Organization: _____

Home Telephone: _____ Work Telephone: _____

Cell Telephone: _____ 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 "NYS AFC, Inc." (which includes your first year's dues – the membership year is the calendar year).

FAILURE TO PROVIDE THE ABOVE WILL DELAY PROCESSING

Mail the above with this application to: NYS AFC, Inc. Chap. William A. Miles, Executive Secretary, 470 Adam Street, Tonawanda, NY 14150-1804. (716) 583-1413
NYS AFC@gmail.com

(Also, please include copies of certificates for training you have, for example NIMS, CISM, CISD, HAZMAT, Etc.)