New York State

Association of Fire Chaplains, Inc.

APPLICATION FOR MEMBERSHIP

(Revised August 28, 2020)

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 “NYSAFC, 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: NYSAFC, Inc. Chap. Barrie Lyn Foster, Executive Secretary, 741 Clark Street Rd, Cayuga, NY 13034-2113

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