



**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 "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. 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.)