



## Wisconsin Chaplaincy Association, Inc.

*Many Faiths  One Purpose*

### Calendar Year 2012 Wisconsin Chaplaincy Association Membership Application

Please Print Clearly – Thank You

\_\_\_\_\_  
Title Last Name First Name Middle Initial  
Credentials

\_\_\_\_\_  
Denomination/Faith Group Judicatory

Chaplaincy Setting:  Acute Care  Corrections/Military  Hospice  Long-term Care  
(select only one)  Mental Health/Rehabilitation  Retired/Student

\_\_\_\_\_  
Name of Institution Serving

\_\_\_\_\_  
Work Address City State Zip

\_\_\_\_\_  
Work Phone with extension Work E-mail

\_\_\_\_\_  
Home Address City State Zip

\_\_\_\_\_  
Home Phone Home e-mail

**Preferred Mailing Address:** Work:  Home:

**We use e-mail whenever possible to save time, money and the environment.**

\_\_\_\_\_  
Signature

**Membership fees for calendar year 2012 are \$25.00**

**Make checks payable to:** Wisconsin Chaplaincy Association, Inc.

**Mail application and check to:**

Wisconsin Chaplaincy Association, Inc.  
P.O. Box 158, Pewaukee, WI 53072-0158

**Direct Inquiries to:** [info@wcatchaplains.org](mailto:info@wcatchaplains.org)