

Please join the Wisconsin Chaplaincy Association (WCA) and help us promote excellence in chaplaincy through advocacy, communication and education.

**Member Benefits Include:**

- Directory of Institutional Chaplains in WI
- WCA by-laws & updates
- Newsletter including member updates
- Special mailings of interest to chaplains
- Discount on WCA sponsored educational events during the membership year
- Run for any WCA Board office
- Run for WCA specialty setting Board member
- Vote for WCA Board officers
- Vote for WCA specialty setting Board member
- Vote on all matters brought before the WCA membership for decision by the Board
- May attend WCA Board meetings (except when personnel matters are discussed)

**Calendar Year 2010 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 2010 are:**

- \$50 Individual Membership
- \$25 Retired/Student Membership
- \$1000 Life Membership

**Credit Cards Accepted:**



Name on Credit Card \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_

Credit Card Number \_\_\_\_\_ 3 digit code on back of card \_\_\_\_\_

Billing Address for Card: \_\_\_\_\_

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

**Mail application and check or credit card information to:** Wisconsin Chaplaincy Association, Inc.  
7105 Brindley Circle  
Madison, WI 53719

**Direct Inquiries to:** Bob Pfennig, Financial Secretary – pfennig@gmail.com