

# Louisiana Chaplains Association, Inc. (L.C.A.) Application for Membership



Anyone who supports the mission of the L.C.A., Inc. and is interested in professional chaplaincy and

## INSTRUCTIONS FOR APPLICATION

- A. Complete application sections required.
- B. Enclose annual dues with completed application. Dues are prorated based on the month you join (see chart on page 2). The membership year runs from January 1<sup>st</sup> through December 31<sup>st</sup>. Make checks payable to: Louisiana Chaplains Association, Inc. Credit cards also accepted.
- C. Mail the completed application with the annual dues payment to: Louisiana Chaplains Association, Inc. P.O. Box 45698, Baton Rouge, LA 70895; e-mail: membership@louisianachaplainsassociation.org; FAX 225-810-3968.
- D. You will receive notification of acceptance from the L.C.A. General Board.

I am currently a student enrolled at the following university, seminary or CPE program: \_\_\_\_\_

If a student, anticipated program completion date (month/year): \_\_\_\_\_

Please send APC™ communications to me at  home  work

Salutation:  Mr.  Ms.  Mrs.  Chaplain  Rev.  Rabbi  Cantor  Father  Sister  Brother  Imam  
 Dr.  Rev. Dr.  CH (MAJ)  CH (COL)  Deaconess  Pastor

NAME: \_\_\_\_\_ Highest Degree Earned: (i.e. MDiv, DMin) \_\_\_\_\_

**HOME** Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Home E-mail: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_

**WORK:** Present Employer, School or CPE Center: \_\_\_\_\_  
 Position/Title: \_\_\_\_\_  
 Work Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Work E-mail: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_

FOR LCA INTERNAL USE ONLY (OPTIONAL) Birth Date: \_\_\_\_\_  
 Faith Group (please be specific): \_\_\_\_\_  
 Ethnic Group:  African American  American Indian  Asian  Caucasian  
 Hispanic  Other

**GENDER:**  Male  Female

Please select the ONE that best describes your current work setting:					
<input type="checkbox"/> Business/Workplace	<input type="checkbox"/> Hospital	<input type="checkbox"/> Hospice	<input type="checkbox"/> Palliative Care	<input type="checkbox"/> School/University	<input type="checkbox"/> VA Medical Facility
<input type="checkbox"/> Corrections	<input type="checkbox"/> Long-term Care	<input type="checkbox"/> Military	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Sports	<input type="checkbox"/> Other
<input type="checkbox"/> Faith Community	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Oncology	<input type="checkbox"/> Rehabilitation Facility	<input type="checkbox"/> Uniformed Services (police/fire/EMT)	

**I am also certified by (not just a member of) the following chaplain organizations (check all that apply):**  
 AAPC  ACCA  ACPE  CASC  NACC  NAJC  NAVAC  Other

<input type="checkbox"/> Charge: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMEX	Amount \$ _____ (see chart, page 2)
Billing Name _____	Billing Zip Code _____
Card No. _____	Exp. Date _____
Security Code _____	

<b>L.C.A., Inc. Membership Dues 2016-2017</b>
Application for Membership only is \$50. Annual Dues – 300.00

Revised: November 2015