

New York State Association of Protestant Chaplains
NYSAPC MEMBERSHIP/RENEWAL INFORMATION FORM

2023 APC Membership

Send completed membership form and check for appropriate NYSAPC membership category to
New York State Council of Churches 85 Chestnut Street Albany, NY 12210

Make check payable to the NYS Council of Churches with notation for NYSAPC membership fees. We are now working with the calendar year as our membership year. You may also pay with a credit card. Please complete all the information on the webpage.

https://actionnetwork.org/ticketed_events/2023-association-of-protestant-chaplains-membership-fee?clear_id=true

2023 MEMBERSHIP FEE NOW DUE

Please be sure to include your personal email address for timely communications!

Please PRINT clearly:

Name _____ **Date** _____

Personal Email Address _____

Business Address (include zip) _____ Home Address (include zip) _____

Business Phone and Fax _____ Cell/Home Phone _____

Date/Place of Ordination _____ Denomination _____

Is your ministerial standing authorized? ____Yes _____No

State Service Anniversary _____

Membership specific Information (Please check/fill in all applicable information)

____ Professional ____ OPWDD ____ OMH ____ OCFS ____ DOCCS (**\$150 per year**)
____ Professional (part time) ____ OPWDD ____ OMH ____ OCFS ____ DOCCS (**pro-rate by time**)
____ Associate (Serving as Chaplain in a Non-state facility) (**\$25 per year**)

Name of Facility _____

Address Facility _____

____ Affiliate (Supports the aims of NYSAPC)

____ Retired (year _____) (**\$25 per year**)

Participation Interests in NYSAPC

I would be interested in serving on the following standing committees or special project groups:

Education Conference Planning Committee _____ (mostly telephone conference calls)

Planning/Leading Worship _____ Musical Instrument (_____)