



**Association of Muslim Chaplains
2017 Membership Application
<http://associationofmuslimchaplains.com>**



CONTACT INFO

Your Title & Name: _____

Preferred Mailing Address: _____

City / State / Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail: _____

CHAPLAINCY EMPLOYMENT / VOLUNTEER SERVICE

Please indicate your chaplaincy employment /volunteer site/s.

Employer: _____

Job Title: _____ Start & End dates _____

Status (check): full-time part-time per diem stipend volunteer

Employer: _____

Job Title: _____ Start & End dates _____

Status (check): full-time part-time per diem stipend volunteer

CHAPLAINCY EDUCATION

Program: _____ Advisor/Supervisor: _____

Start date/ Expected Graduation date: _____ Degree: _____

Clinical Pastoral Education: Please indicate the number of units completed or in progress:

None _____

1 ___ Site: _____

2 ___ Site: _____

3 ___ Site: _____

4 ___ Site: _____

Students: Which area of chaplaincy do you intend to work in (i.e. corrections, military, etc.):

ENDORSEMENT & CERTIFICATION

Are you currently endorsed? __Yes __ No

Endorser: _____

Are you currently board certified? __Yes __ No

Certifying Agency: _____

AMC is a member-led organization: The more each member contributes, the more we can collectively achieve. The contribution of your skills and time would be most appreciated. If you are able and interested please indicate one or two committees you would be willing to serve on and/or skills you can contribute.

Membership • Website • Education • Training • Social Media • Fundraising • Community

Outreach • Event Planning • Advocacy • Public Relations/Marketing

Skills _____

I, _____, am applying as a(n) _____ (regular, associate) member of the Association of Muslim Chaplains and am enclosing the annual dues for the current year in the amount of \$_____ (\$50, \$25). I am aware that signing this indicates that I agree to abide by the AMC Code of Ethics that follows. Additionally, I recognize that the emails shared on the Association of Muslim Chaplains general member listserv as well as my field specific one/s (i.e. health care, military) are confidential and should not be shared, in part or in full, without the express permission of the author.

SIGNATURE: _____ **DATE:** _____

For Office Administrative Purposes Only:

Paid by _____ (cash, check, credit card) Date: _____