

I understand the privileges, duties and responsibilities of membership in the International Association of Christian Chaplains as agree to abide by its Standards and Code of Ethics.

I understand that a Peer Committee will review and act upon this application, and I agree to hold such personnel, IACC, and its officers and agents harmless with respect to action they may take in connection with such review. I understand that credentials filed in support of this application become property of IACC and are not returnable.

I certify that the information in my application is accurate and true to the best of my knowledge.

Printed Name: _____

Signature: _____ Date: _____

Please submit this application along with the annual mebership fee of US\$75 to:
International Association of Christian Chaplains.
5804 Babcock Road. PMB 189.
San Antonio, TX 78240-2314.
USA