



Application for Membership Louisiana Fire Chaplain Network

Date: _____

Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Telephone: _____ (best contact #) **Email:** _____

Spouse: _____ Number of years in ministry: _____ Education: _____

Department: _____ Address: _____

Fire Chief: _____

Type of Department: Paid Volunteer Combination Type Chaplaincy: Full Time Part Time Volunteer

- I am joining the **Louisiana Fire Chaplain Network** for one year, Dues are **\$20.00** per year.
- I am attaching a copy of my **appointment letter** as a chaplain of my department from my chief
- I am attaching a copy of my **endorsement letter** from my ecclesiastical affiliation/church
- I am attaching a copy of a **brief resume** of my education, training and experience as a minister/chaplain.
- I am sending a **PASSPORT size head shot of a photo** for my membership card.

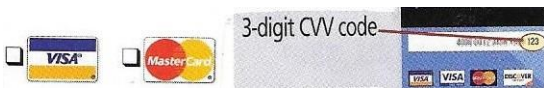
For dues make your check payable to **Louisiana Fire Chaplain Network (LFCN)**. Sample copies of Appointment and endorsement letters are available from www.LouisianaFireChaplains.com on Resources page.

Send Membership Application, Appointment and Endorsement letters, resume and check to:

Louisiana Fire Chaplain Network
168 Liner Street
Ruston, LA 71270

To pay by **online check** or **credit card** click on the **SECURED** link below:

www.aplos.com/aws/give/LouisianaFireChaplainNetwork/payonline fill in your information, include the Amount, One-time payment, Purpose, click on LFCN Membership Dues, add your online check or credit card information (making sure to add the CVV code). You and we will receive an email confirmation for your payment immediately.



Include the total amount you paid on your online or credit card below so we can cross reference your payment to this application

Total Amount: \$ _____ Purpose _____

Signature _____ Date _____

PLEASE give me a receipt via email _____