

Application for Membership Texas Corps of Fire Chaplains

Date: _____

Name: _____
(Mr./Ms./Rev.) Last, First MI

Address: _____
Number Street City State Zip

Home: (____)-_____

Work: (____)-_____

Cell: (____)-_____

Fax: (____)-_____

Email: _____

Denomination: _____

Member of the Federation of Fire Chaplains: YES NO How Long: _____

Department Served: _____ Chief: _____
Name

Address: _____
Number Street City State Zip

Type of department: Paid Volunteer Comb.

Chaplain appointment date: _____ Number of years in ministry: _____

Type of Chaplaincy: Full Time Part Time Volunteer Paid/Salary

Education:
College: _____ Degree received: _____

Graduate: _____ Degree received: _____

Seminary: _____ Degree received: _____

Other Training: _____

Signature of applicant _____ **Date:** _____

Send application and dues to: Texas Corps of Fire Chaplains
P.O. Box 1224
Euless, Texas 76039

Please include initial dues of \$20.00 with your application