



GraceLife Chaplains Association

Application For Membership

Your Name As You Wish it to Appear: _____

The Name of Your Church: _____

Your Mailing Address: _____

Please Select All That Apply:

___ Your Ministry Name: _____

___ Your Agency Name: _____

Number of Years You Have Served As A Chaplain? _____

Are You A Certified Chaplain? _____

Certification Organization? _____

Note: If you were Certified Through An Organization Other Than GraceLife Chaplains Association, Please Scan and email us a copy of your certificate to GraceLifeChaplains@bellsouth.net along with this application.