

AMERICAN CATHOLIC CORRECTIONAL  
CHAPLAINS ASSOCIATION (ACCCA)

APPLICATION FORM FOR MEMBERSHIP OR RENEWAL

NAME: \_\_\_\_\_

RESIDENCE: \_\_\_\_\_

\_\_\_\_\_  
(Zip) + 4 Digits  
E-MAIL \_\_\_\_\_

AGENCY: \_\_\_\_\_ POSITION \_\_\_\_\_

FACILITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(City) (State) (Zip) + 4 Digits

HOME TELEPHONE: \_\_\_\_\_ WORK TELEPHONE \_\_\_\_\_  
(Area Code Plus No.) (Area Code Plus No.)

FAX: \_\_\_\_\_

E-MAIL \_\_\_\_\_

STATUS \_\_\_\_\_ VOLUNTEER or SALARIED or RETIRED  
(Priest, Deacon, Religious or Lay) (Circle One)

DIOCESE: \_\_\_\_\_

ACCCA CHAPLAIN CERTIFIED **YES** **NO** (IF YES) YEAR CERTIFIED \_\_\_\_\_

**Please note:** If you are a volunteer/retired, yearly dues are \$20.00 from January thru December  
If you are salaried as Chaplain, yearly dues are \$40.00 from January thru December

**PLEASE RETURN THIS FORM WITH YOUR CHECK MADE PAYABLE TO ACCCA TO:**

**TEODORO RAEL (ACCCA Treasurer)**  
**2522 CALLE DELFINO**  
**Santa Fe, New Mexico 87505**

Please help us to keep our files updated. If you are not renewing your membership please indicate the reason. Retired \_\_\_\_\_ No longer in prison ministry \_\_\_\_\_ Other \_\_\_\_\_ (Please use back if necessary)

**WWW.CATHOLICCORRECTIONALCHAPLAINS.ORG**