

# 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 171626  
Irving, Texas 75017

**Please include initial dues of \$20.00 with your application**