



International Conference of Police Chaplains

Serving All Law Enforcement Chaplains

MEMBERSHIP APPLICATION

ICPC emails confirmation upon receipt of application.

PLEASE PRINT LEGIBLY

RECRUITED BY ICPC MEMBER? (LIST ONLY ONE—FIRST/LAST NAME): _____

LAST NAME _____ FIRST _____ MI _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

COUNTRY _____ EMAIL ADDRESS _____ GENDER: MALE FEMALE

CELL PHONE: _____ SECONDARY: _____ WORK HOME

DOB ____/____/____ LAST 4 DIGITS OF SSN _____ SPOUSE'S NAME _____ RELIGIOUS AFFILIATION (DENOMINATION) _____

YEARS IN PASTORAL MINISTRY: _____ ORDAINED (YEAR: _____) LICENSED (YEAR: _____)

YEARS IN LAW ENFORCEMENT CHAPLAINCY: _____ DATE APPOINTED: ____/____/____

CHAPLAINCY TYPE: VOLUNTEER PAID LIAISON OFFICER OTHER: _____

AGENCY NAME _____ CHIEF/SHERIFF NAME _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

AGENCY ACCOUNTS PAYABLE EMAIL _____

AGENCY ACCOUNTS PAYABLE PHONE _____

OFFICE USE ONLY

Background Verification Driver's License

Agency Ltr: _____ Date Appointed: _____

Ecll Ltr: _____ Pastor/Chap Yrs: _____

Member Level (circle)

Full Associate Affiliate Liaison

Email Applicant Member QB

Invoice Memorized Join Date: _____

Member DB Agency DB

NM Handbook-Email Academic info AR

New Member Packet Materials:

Member Certificate Mailing Label File Folder Label

Member Letter Spouse Letter Spouse Envelope

ID Card ____/____ Visor Pin

File Folder Scan E-file QB

Processed by (initials): _____

Packet Mailed: _____

