



MIDWEST CHAPLAIN ASSOCIATION

Departmental/Agency Application

DEPARTMENT/AGENCY INFORMATION			
Name	Date		
Street Address			Apartment/Unit #
City	State	ZIP	
Phone	E-mail Address		
Department/Agency Liaison:			
Level Applied for: Department/Agency <input type="checkbox"/>			

CHAPLAIN NAME	CHURCH/ORGANIZATION	CHURCH/ORGANIZATION ADDRESS

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
I acknowledge that the Chaplains listed above are in good standing with their church/organization and with our department/agency. The Chaplains listed above have all been subjected to and have passed a criminal background check.	
If this application leads to being accepted as a Departmental/Agency membership, I understand that false or misleading information in the application or may result in denial of my application.	
Signature/Title	Date

Applicant Checklist

- Application - completed, signed, dated
- Application Fee **USD ONLY**
1-5 Chaplains = \$75.00 per Chaplain
6-10 Chaplains = \$70.00 per Chaplain
11 or more = \$65.00 per Chaplain

Submit completed application, supporting documents, and your check to:

Midwest Chaplain Association
 104018 Bales Ave
 Kansas City, MO 64137