



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: _____

EDUCATION - LIST EACH INSTITUTION ATTENDED:		DEGREE	YEAR
COLLEGE:			
SEMINARY:			
GRADUATE:			
EMPLOYER NAME:			
ADDRESS:			
CITY:		STATE/ZIP:	
EXPERIENCE: <input type="checkbox"/> ATTORNEY <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> MEDICAL <input type="checkbox"/> OTHER: _____			

Membership with ICPC is not an endorsement of competency or an endorsement to practice chaplaincy.

I attest that I have read and will adhere to the [Canon of Ethics](http://www.icpc4cops.org) as outlined on ICPC's website: [icpc4cops.org](http://www.icpc4cops.org). Further, I understand that misrepresentation or deliberate omission of fact in my application may be justification for refusal or termination of membership with ICPC.

Have you ever been convicted of a felony in any state or country? NO YES

Do you currently have a felony charge pending in any state or country? NO YES

If yes to either, please attach explanation.

PRINT NAME

SIGNATURE

____/____/____
DATE

APPLICANT CHECKLIST

- Application - completed, signed, dated
- Membership Annual Fee - \$125.00 US FUNDS ONLY
- Criminal Background Verification (CBV)
- Agency Appointment/CBV Letter
- Ecclesiastical Letter
- Driver's License Copy

**Submit COMPLETED APPLICATION
AND
supporting documents to:**

Mail: ICPC | PO Box 5590 | Destin | FL | 32540
E-mail: icpc@icpc4cops.org **Fax:** 850-654-9742

PAYMENT OPTIONS:

Check - include with your completed packet or
Visa/MasterCard/Discover - You will be provided a link to pay online or contact Corporate Office for verbal authorization

~ PLEASE DO NOT SEND CASH ~