



FEDERATION OF FIRE CHAPLAINS

Application for Membership

P.O. Box 567748
Dallas, Texas 75356

Office: (469)503-1566

Date: _____

Prefix: _____ Name: _____ Suffix: _____
(Mr/Ms/Rev, etc.) Last First MI

Address: _____
Number Street/PO Box City State/Province Postal Code

Phone Number: Home: _____ Mobile: _____ Work: _____

Spouse's Name (If Applicable): _____

Email: _____

Religious Affiliation: _____
(Faith Group/Denomination/Affiliation)

Department/Organization Served: _____

Address: _____
Number Street/PO Box City State/Province Postal Code

Department Chief/Organizational Head: _____

Type of Department/Organization: ___ Volunteer ___ Paid ___ Combination ___ Non-Profit

Chaplain Appointment Date: _____

Type of Chaplaincy: ___ Full Time
___ Part Time
___ Volunteer
___ Paid/Salary

Number of Years in Ministry: _____

Number of Years in Chaplaincy: _____



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Education:

College: _____ Degree: _____

Graduate: _____ Degree: _____

Seminary: _____ Degree: _____

Note: A college Degree, and Advanced Degree, or Seminary Degree is not required to be a member

Signature: _____ Date: _____

Please include the following with your application

- Letter of Appointment from your Department/Organization
- Letter of Endorsement from Ecclesiastical Body
- Copy of Essentials of Fire Chaplaincy Certificate
 - (Taught by an approved FFC Instructor)
 - If you have not taken the class you have one (1) year to do so, or contact the Office for other arrangements
- Initial Dues \$125.00

Please mail to:

Federation of Fire Chaplains

P.O. Box 567748
Dallas, Texas 75356

Or

You may pay online through our website (www.firechaplains.org) and email the documentation to: ffc.chaplain@gmail.com

If you have any questions please contact:

Office (469) 503-1566 or the Executive Director, Jimmie Duncan (469) 955-1522