



**NEW YORK STATE
CHAPLAIN TASK FORCE**
Associate Member Division



Rev. Marcos A. Miranda
President

Chp. Richard Schnur, Jr.
Director, Associate Membership

ASSOCIATE MEMBER APPLICATION

(All information must be filled in clearly, including your preferred mailing address)

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Text: YES NO

Email: _____

(MANDATORY – All communication is done via email)

Date of Birth: _____ Occupation: _____

Spouse's Name: _____ Tel: _____

Referred by: _____ Today's Date: _____

Membership Dues: \$50 Annually

New Applications & Renewals for 2017 are Due By December 25th 2016

Please Make Check or Money Order Payable to: NYSCTF
Write "ASSOCIATE MEMBER" in the memo area of the check or Money Order

Mail to:

NYSCTF
142-46 249th Street
Rosedale, NY 11422

Associate Member Division: (201) 232-6578 NYSCTF Headquarters: (718) 749-8534

FOR OFFICIAL USE ONLY (Do Not Write Below This Line)

NOTICE: ANY MIS-USE OF NYSCTF CARDS, DECALS AND/OR LOGOS WILL MEAN AUTOMATIC FORFEITURE OF YOUR MEMBERSHIP. NO REFUNDS!

Fee Received: _____ Credentials Issued: _____

Member Notified On: _____ Member Since _____

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All donations are tax deductible as allowed by law.*