

International Conference of Police Chaplains

Serving All Law Enforcement Chaplains



The International
Conference of
Police Chaplains

MEMBERSHIP 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 _____ / _____ / _____ 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: _____
Eccl 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

Notes:

