



The National Conference of Veterans Affairs Catholic Chaplains

2016 MEMBERSHIP APPLICATION/DUES NOTICE

(Please fill out all information)

Name: _____

Facility Name: _____

Facility Address: _____

VA Phone: _____

Email Address: _____

**(Dues paying members receive discounted rates for the
2016 Annual NCVACC Conference, if dues paid prior to
February 5, 2016)**

I have enclosed my annual dues of:

_____ **\$75.00 for Part-Time (or Fee Basis/Contract/Intermittent)**

_____ **\$150.00 for Full-Time**

Your Ordination Date: _____

Are you a NCVACC Board Certified Chaplain: ___ **Yes** ___ **No** ___ **Year**

Other Certifying Organization: _____ **Year**

PLEASE NOTE:

**Dues paying members receive discounted rates for the 2016 Annual
NCVACC Conference, if dues paid prior to February 5, 2016**

**If you hold NCVACC Board Certification, it is necessary to renew
your annual membership in order to maintain your certification. If
not, your certification will lapse with your membership.**

**Please print out and return this form with your check, made payable
to NCVACC, and mail to:**

**Chaplain Joseph Westfall (125)
VA Hudson Valley Healthcare Systems
2094 Albany Post Road
Montrose, New York 10548
(Those who wish to pay by Credit Card, please email:
joseph.westfall@va.gov**

NCVACC BOARD OF DIRECTORS

**Martin Smith-Soucier, President Randall Roberts, Vice President Patrick Adejoh, Secretary Joseph Westfall, Treasurer
Benjamin Chinnappan, Member at Large Rashid Peter Francis, Member at Large Marcellinus Uwandu, Member at Large**