



## The National Conference of Veterans Affairs Catholic Chaplains

### **2017 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  
2017 Annual NCVACC Conference, if dues paid prior to  
February 10, 2017)**

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 2017 Annual  
NCVACC Conference, if dues paid prior to February 10, 2017**

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](mailto:joseph.westfall@va.gov)**

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