



The National Conference of Veterans Affairs Catholic Chaplains

2018 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
2018 Annual NCVACC Conference, if dues paid prior to
February 15, 2018)**

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 2018 Annual
NCVACC Conference, if dues paid prior to February 15, 2018**

**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)**

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