

AFFILIATE MEMBERSHIP

You are invited to join with us in support of our mission by becoming an Affiliate Member of the Idaho Chaplains Corps. As an Affiliate Member of the ICC you will help send out, support, train and encourage those who have been called to this ministry.

BENEFITS

Our objective is to provide you with encouragement, support, training and direction. Affiliate membership also grants you a standing invitation to participate in all local, regional and state meetings for fellowship and training. These meetings are available at no cost or at reduced rates to Affiliate Members. We also encourage you to join together with other Affiliate Members from your area to form a Chapter of the ICC. Forming a local Chapter has additional benefits: regular contact with others who share in your calling to ministry, the opportunity for mutual support and encouragement, and the option to raise funding support under the non-profit status of the ICC.

AUTHORITY AND REPRESENTATION

You will have voting authority as a member of a local Chapter. ICC Bylaws require that the state board have one board member representing each functioning region. A functioning region is defined as having a minimum of six Affiliate Members in good standing. [Click here](#) if you would like to see a copy of the ICC Bylaws.

Affiliate membership in the Idaho Chaplains Corps does not confer the status, title, or authority of a Chaplain.

ANNUAL DUES:

Individual	\$ 25.00
Couple	\$ 40.00 (Attach both Applications)

TERM OF MEMBERSHIP:

The term of membership begins on the first day of the month following notification of acceptance for membership and will be pro-rated for the first year.

January-March: 100% of annual cost

April-June: 75% of annual cost

July-September: 50% of annual cost

October-December: 25% of annual cost

Thereafter, membership expires annually on December 31.

MEMBERSHIP CARD AND ID #:

A membership card and assigned ID# will be included with the notification of acceptance.

Application for Affiliate Membership

Name: *Mr. / Mrs. / Ms.* _____
First MI Last

Mailing Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ County: _____

E-Mail: _____

CHURCH AFFILIATION

Church Name: _____

Church Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Pastor's Name: _____

SPONSOR INFORMATION

Sponsor's Name: _____ ICC ID #: _____

MINISTRY INFORMATION

Are you currently a prison, jail, or detention ministry volunteer? (Circle One) YES NO

If yes, at which institution(s)? _____

How many hours per month do you volunteer? _____

If **no**, would you be interested in volunteering in your area? (Circle One) YES NO

As indicated by my signature below, I request to be considered for Affiliate Membership of the Idaho Chaplains Corps. I understand and support the mission and objectives of the association. I also understand and agree with the Statement of Faith of the association.

Signature: _____ Date: _____

Please include a check or money order made out to the ICC for the amount of applicable dues..

Send to: Idaho Chaplains Corps, P.O. Box 44483, Boise, ID 83711-0483.