

## 2012 Membership/Renewal Form

Membership runs from January 1<sup>st</sup> through December 31<sup>st</sup> of each calendar year.

**To Join:** Mail completed application with a check for the annual membership dues to:

Kelly Kleckner  
Chaplaincy Care and Education  
Lancaster General Hospital  
555 North Duke Street  
PO Box 3555  
Lancaster, PA 17604-3555

Title/Name \_\_\_\_\_

Position \_\_\_\_\_

Institution \_\_\_\_\_

Mailing Address:     work                       home

Street/P.O. \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Region Preference:

- Eastern Region                       Central Region                       Northwest Region  
 Southwest Region                       Maryland

Membership Directory: Permission to include information in the directory is checked.

- Name                                       Facility                                       Mailing Address  
 Phone Number                       E-mail Address

Membership Categories:

Please make check payable to **The Society of Chaplains**

- Full membership (\$50 annual dues)  
 Retired membership (\$35 annual dues)  
 Student membership (\$25 annual dues)

Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_