

# Associated Chaplains in California State Service

## Membership Application and Renewal Form



### Applicant Information:

Name: \_\_\_\_\_  
Last Middle Initial First

Full SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Primary Institution: \_\_\_\_\_

Faith Group: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Office Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_ City State Zip Code

Email: \_\_\_\_\_

### ACCSS Membership:

Please check one of the following for membership application:

**General Membership:** Membership is for those who are employed as California state chaplains in CDCR, DJJ, DDS, DMH, and DVA. Dues are \$18.00 per month, paid automatically by payroll deductions, following submission of the above information to the State Controller's Office.

**Associate Membership:** Membership is for those who are religious volunteers and other supporters of state chaplaincy ministries. Membership requires annual renewal. Dues are \$25.00 paid annually upon application and subsequent renewals.

### General Membership applicants only:

I, \_\_\_\_\_, *authorize the ACCSS Treasurer to submit the request for payroll deduction to the State Controller's Office. I understand that it may be a few months from this date before deductions begin.*  
(Please print full name)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_