



**CANADIAN PRACTICAL CHAPLAIN ASSOCIATION  
MEMBERSHIP APPLICATION**

*Tel: 1-888-453-4021 Fax: 1-888-959-1687  
Email: [info@cdnpracticalchaplain.ca](mailto:info@cdnpracticalchaplain.ca)*

**I PERSONAL DATA**

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**II MINISTRY DATA**

CHURCH MEMBERSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_



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**III MINISTRY HISTORY**

<u>POSITION</u>	<u>DATES</u>	<u>DESCRIPTION OF RESPONSIBILITIES</u>
_____	____/____/____ - ____/____/____	_____
_____	____/____/____ - ____/____/____	_____
_____	____/____/____ - ____/____/____	_____
_____	____/____/____ - ____/____/____	_____

**MINISTERIAL RANK**

	<u>DATE</u>	<u>NUMBER</u>
EXHORTER: _____	____/____/____	_____
LICENSED: _____	____/____/____	_____
ORDAINED: _____	____/____/____	_____

**IV EMPLOYMENT HISTORY**

<u>POSITION</u>	<u>DATES</u>	<u>DESCRIPTION OF RESPONSIBILITIES</u>
_____	____/____/____ - ____/____/____	_____
_____	____/____/____ - ____/____/____	_____
_____	____/____/____ - ____/____/____	_____
_____	____/____/____ - ____/____/____	_____



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**V MILITARY HISTORY**

<u>BRANCH</u>	<u>DUTY TITLE</u>	<u>DATES</u>	<u>HIGHEST GRADE</u>	<u>TYPE DISCHARGE</u>
_____	_____	/___/___-___/___	_____	_____
_____	_____	/___/___-___/___	_____	_____
_____	_____	/___/___-___/___	_____	_____

**VI FAMILY DATA - FOR EMERGENCY USE ONLY**

MARITAL STATUS: M: \_\_\_\_\_ S: \_\_\_\_\_ D: \_\_\_\_\_ \*

SPOUSE'S COMPLETE NAME: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

PARENT'S CURRENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

\* IF DIVORCED PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**VII CRIMINAL HISTORY - CONVICTIONS & PENDING CONVICTIONS**

IF NONE, STATE NONE. IF YES PLEASE EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VIII CHAPLAINCY DESIGNATION (CIRCLE ONE)**

COLLEGIATE FIRE HOSPICE HOSPITAL INDUSTRIAL JUVENILE & YOUTH  
JAIL & PRISON MILITARY MOTORCYCLE NURSING HOME POLICE  
SEARCH & RESCUE SPORTS TRANSPORTATION  
OTHER: \_\_\_\_\_



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**I REQUIRED ATTACHMENTS**

**ORDAINED POSITIONS ONLY**

1. One copy of ministerial license. If not ordained, prove long term service in Chaplaincy at a Ministerial level.
2. Recommendation by an Ordained Minister, preferably your Pastor or Overseer.
3. Recommendations from (2) local businessmen/businesswomen.
4. Recommendation from an official in the field of Chaplaincy you are working.
5. License & Ordination \$150 per year or \$1000 for Life Membership.
6. See NOTE below.

**LICENSED POSITIONS ONLY**

1. One copy of ministerial license.
2. Recommendation from (1) Ordained Minister.
3. Recommendation from (2) local businessmen/businesswomen.
4. Recommendation from an official in the field of Chaplaincy you are working.
5. License & Ordination \$100 per year or \$750 for Life Membership.
6. See NOTE below.



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**ASSOCIATE POSITIONS ONLY**

1. Recommendation from (1) Ordained Minister or Chaplain.
2. Recommendation from (2) local businessmen/businesswomen.
3. Membership fee of \$75 per year or \$500 for Life Membership.
4. See NOTE below.

**AFFILIATE POSITION**

This is a non-professional Chaplaincy support position, If you would like to be a support member of the C.P.C.A. and assist in this expanding ministry, you can do so with a minimum fee of \$50 per year.

See NOTE below.

*For those who have a desire to service in Chaplaincy with the C.P.C.A. but lack the funds to attain membership, The C.P.C.A. provides a scholarship fund that pays the membership dues of prospective members who are in financial need. The C.P.C.A. will not let the financial situation of a prospective member from serving God as a Chaplain with our organization. Contact us if you wish to be considered for financial assistance..*



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**NOTE: The following are required of ALL Chaplaincy programs and must be included with application:**

1. (2) Colour ID photos *must be headshot measuring 2 ¼ x 2 ½ same size as drivers license.*
2. Up-to-date personal resume.
3. Current Police Criminal Background Check (within last 60 days)
4. All forms completed & signed.
5. Applicable fees.
6. Copy of valid driver's license.

PAYMENTS FOR MEMBERSHIP CAN BE MADE VIA SECURE SERVER CREDIT CARD  
PAYMENT PROCESSING THROUGH PAYPAL ON THE WEBSITE UNDER MEMBERSHIP