



INTERNATIONAL FELLOWSHIP OF CHAPLAINS

P.O. BOX 5922, Saginaw, MI 48603

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www.ifoc.org chaplains@ifoc.org

Annual Membership RENEWAL Form

(Please send this form with renewal)

MEMBER # _____

NAME: _____
Last First Middle

ADDRESS: _____ CITY _____ STATE _____ ZIP CODE _____

TELEPHONE: _____ / _____
Home Cell

EMAIL: _____

Annual Membership Amount:

\$250.00 per Year
(includes liability insurance
with errors and omissions)

Payment Method: (Please do not send cash)

_____ Check or Money Order# _____

_____ Visa _____ Mastercard _____ Discover

Card Number: _____ / _____ / _____ / _____ / _____
(# on back)

Expiration Date: ____ / ____
mm / yy

Signature: _____

To avoid a lapse in your credentials,
your annual renewal MUST be received by
(Feb. 1 when expiration is Mar. 1) OR
(Aug. 1 when expires Sept. 1)
(not renewed automatically)

For Office Use Only

Received by: _____ Date _____
IFOC Representative

Activation Date: ____ / ____ / ____ _____ Ordained _____ Licensed

Membership Number _____

Credit Card confirmation Number _____

date ran _____