



INTERNATIONAL FELLOWSHIP OF CHAPLAINS

P.O. BOX 189, Tiffin OH 44883
989-753-3211, FAX 989-753-3238
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, but not for
sexual related claims)

To avoid a lapse in your credentials,
**your renewal MUST be received by
February 1** each year.
(not renewed automatically)

All licenses expire March 1.

Payment Method: (Please do not send cash)

_____ Check or Money Order# _____

_____ Visa _____ Mastercard _____ Discover

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

Expiration Date: ____ / ____
mm / yy

Signature: _____

For Office Use Only

Received by: _____ Date _____
IFOC Representative

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

Membership Number _____

Credit Card confirmation Number _____

date ran _____