



INTERNATIONAL FELLOWSHIP OF CHAPLAINS

P.O. BOX 5922, Saginaw, MI 48603

989-753-3211, FAX 989-753-3238

www.ifoc.org chaplains@ifoc.org

LIFETIME Membership Annual Fee Form

(Please send this form with renewal, or renew on-line from our website.)

MEMBER # _____

NAME: _____
Last First Middle

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE: _____ / _____
Home Cell

EMAIL: _____

Life Member Annual Maintenance Fee:

\$125.00 per Year
(includes liability insurance
with errors and omissions)

To keep your membership in good
standing,
Fees are due by **February 1** each
year.

Payment Method: (Please do not send cash)

___ Pay Junction(www.ifoc.org)

___ Check or Money Order# _____

___ Visa, Master card, Discover

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

Expiration Date: ___ / ___
mm / yy

Signature: _____

For Office Use Only

Received by: _____ Date _____
IFOC Representative

Credit Card confirmation Number _____

date ran _____