



# INTERNATIONAL FELLOWSHIP OF CHAPLAINS

P.O. BOX 189, Tiffin OH 44883  
989-753-3211, FAX 989-753-3238  
[www.ifoc.org](http://www.ifoc.org) [chaplains@ifoc.org](mailto:chaplains@ifoc.org)

## LIFETIME Membership Annual Fee Form

(Please send this form with renewal)

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, but not for  
sexual related claims)

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

### Payment Method: (Please do not send cash)

\_\_\_\_\_ Pay Pal (IFOC.ORG)

\_\_\_\_\_ 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

Credit Card confirmation Number \_\_\_\_\_

date ran \_\_\_\_\_