



## Application for Membership Louisiana Fire Chaplain Network

Date: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Denomination \_\_\_\_\_

Name of Department Serving \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Department Chief \_\_\_\_\_

Type of Department  Paid  Volunteer  Combination

Chaplain Appointment Date \_\_\_\_\_

Type of Chaplaincy:  Full-time  Part-time  Volunteer  Paid/Salary

Number of years in ministry \_\_\_\_\_

College \_\_\_\_\_ Degree Received \_\_\_\_\_

Graduate School \_\_\_\_\_ Degree Received \_\_\_\_\_

Seminary \_\_\_\_\_ Degree Received \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Please include the following documents with your application and head-shot photo for your ID card.**

\*Letter of Appointment from your department chief  Enclosed

\*Letter of Endorsement from your Ecclesiastical Body  Enclosed

Membership Fee for Louisiana Fire Chaplain Network \$ 20.00  Enclosed Check # \_\_\_\_\_

on line: [www.aplos.com/aws/give/louisianafirechaplainnetwork/payonline](http://www.aplos.com/aws/give/louisianafirechaplainnetwork/payonline)

**Mail completed application, letters and fee to: Michael Perser, LFCN  
2154 Waymon Street  
Shreveport, LA 71118**

\*You will be enrolled as an ASSOCIATE Member if you do not have letters of Appointment and Endorsement.  
See sample of Appointment and Endorsement letters on website on Resource page.