

National Institute of Business and Industrial Chaplains, Inc.
Application Form for Membership

Date _____
Name _____
Date of Birth _____ SSN _____
Address _____ Phone (work) _____
Phone(cell) _____
E-mail: _____ Fax _____

Faith Group / Endorser: _____
Date of Ordination/Commissioning _____
Endorsing Agent _____ Phone _____
Address _____

Employer _____ Your Title _____

Supervisor _____ Title _____

Number of people for whom you provide services in the workplace _____

Address _____

Education (List all colleges, universities and seminaries attended.)

INSTITUTION	LOCATION	DATES ATTENDED	DEGREE

Clinical Pastoral Education, other Specialized Clinical Training, Licenses and Certifications

List professional organizations of which you are a member and at what level

Provide the following with this application form: (See the accompanying standards for further explanation.)

- | | |
|--|--|
| NIBIC Code of Ethics Statement, signed | Documentation of theological and clinical training |
| Short Autobiographical Essay | Endorsement and Ordination/Commissioning Certificate |

Circle membership category for which you are applying:

Clinical Member Professional Member Associate Member Student Member

I attest that all information I have provided regarding the membership process is true. I also understand that membership does not imply in any way that NIBIC is legally liable for the individual actions of its members. Membership affirms that the member has met the standards of professional preparation for that level of membership.

Signature _____ Date _____