

Application for Membership
ACADEMY OF PARISH CLERGY, INC.

2249 Florinda Street, Sarasota, FL 34231-4414
Phone: 941-922-8633 E-Mail: pjbinder2@juno.com

Please type or print all information

Name & Title(s) _____
Home Address _____

Home Phone _____
Home E-mail _____
Personal Cell Phone (optional) _____

Current Form of Ministry

___ Parish
___ Chaplain (e.g., hospital, military, institution)
___ Teacher, Author
___ Retired
___ Other _____

Name of Parish or Institution (if applicable)

Name _____
Address _____

Office Phone _____
Office Fax _____
Office E-mail _____

Personal Information

Date of Birth _____ Gender _____
Name of Spouse (if applicable) _____
Special Interests _____

Professional Information

Denomination/Diocese/Rabbinate/Faith Community:

Date of Ordination _____
By Whom? _____
Degrees Earned and From Where?

For Office Use Only

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Date Received _____ Date Mat'ls Sent _____
Certificate Issued and Sent _____

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Professional Memberships Held:

How did you learn about the **Academy of Parish Clergy**?

Types of Membership (all include subscription to journal)
___ **Life Member** (required to fulfill all membership obligations) [One-time payment of \$900.00]
___ **Member** (required to fulfill all membership obligations) [Annual dues of \$75.00]
___ **Retired Member** [Annual dues of \$40.00]
___ **Seminary Student Member** (1st professional degree only) [Annual dues of \$20.00]
___ **Subscriber** to *Sharing the Practice* journal [\$30/year]

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If accepted as a member, I hereby certify that I will subscribe to the APC Standards of Competence and the APC Code of Ethics.
Signed _____
Date _____

Please send check and mail to address at top of form
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Note: If extra space is needed for any of the above information, please write on the back of this Application (1-18-2011)