



# INTERNATIONAL ASSOCIATION of CIVIL AVIATION CHAPLAINS

## Application for Membership & Details for IACAC Directory

The following papers are included

- 1 Application Form for membership
- 2 Form for an entry in, or amendment to, the Association's International Directory

### What to do next:

- 1 Complete the Application Form for membership available on line at [www.iacac.info](http://www.iacac.info).  
Mail to the IACAC Treasurer: Mrs Beverly McNeely  
2571 Oak Drive  
Clayton, IN 46118 USA
- 2 Your application must be supported by a letter of authorisation in accordance with paragraph 6.6 of the Constitution which states:  
*All applications for membership shall be supported by evidence of appointment by a competent authority. Normally, the Church Leader of the person's denomination shall give accreditation formally in writing. However, at the discretion of the Executive Board, accreditation may be given by the Chairperson of the Chaplaincy Management Body, or by the Senior Chaplain in post at the time of the appointment. The applicant must clarify the necessary process before the application is submitted.*
- 3 Fill in any new information on the Directory Form **and** add any other information you would like to include.
- 4 Send
  - 1 The **Application**
  - 2 The **Letter of Authorisation**
  - 3 The **Directory Form**
  - 4 The **Affiliation Fee - Payment may be made in the following ways :\_**

### **PREFERRED PAYMENT OPTION**

ONLINE using Pay Pal through the IACAC website. [www.iacac.info](http://www.iacac.info)

### **ELECTRONIC BANK TRANSFER**

Swift Code: chasus33      Iban: #198004095  
Account Name: International Association of Civil Aviation Chaplains  
Account Number: 7503652  
Routing Number: 074908138  
Bank Address: State Bank of Lizton  
206 N. State Street  
Lizton, IN 46149 USA

### **CASH PAYMENT AT ANNUAL CONFERENCE**

- 5 If you have any questions contact the Secretary  
Miss Mary Holloway – [secretary@iacac.info](mailto:secretary@iacac.info)

Form reviewed October 2015

**Appendix 1 (page 2 of 3) to the Constitution**



**INTERNATIONAL ASSOCIATION  
of CIVIL AVIATION CHAPLAINS**

**Application for Active Membership**

I hereby apply for membership of the INTERNATIONAL ASSOCIATION OF CIVIL AVIATION CHAPLAINS.

I pledge my support to the Objects of the Association, as set out in the Constitution, and reproduced below  
**I include my Affiliation Fee - - US\$ 60.00- Full Membership**

**I agree to my personal data being stored and processed to receive The IACAC Newsletter and all IACAC communications to members.**

**I include a revised sheet for the IACAC Directory giving details of my appointment and the Airport at which I serve**

<p><i>Signature</i> .....</p> <p><i>First name</i> .....</p> <p><i>Family name</i> .....</p>
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<p><b><i>This Application supported by</i></b></p> <p>Name.....</p> <p>Authority .....</p> <p>...</p> <p>Signature .....</p>
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**Objects of the International Association of Civil Aviation Chaplains**

- 1 To provide for and promote fellowship under God for those engaged in ministry in the unique environment of civil aviation.
- 2 To provide a continuing exchange of experience and insights to enhance the fulfilment of the task through the provision of high quality training and shared examples of good practice.
- 3 To develop understanding of how civil aviation functions, its effect upon people engaged in it and using it, and its influence in shaping the world.
- 4 To engage in mutual theological and sociological study and reflection relevant to the task.
- 5 To affirm and communicate our experience of God's one world, which is given to us through the nature of civil aviation and our involvement in it. Therefore to serve all people, irrespective of their faith, race, sexual orientation, disability or ethnic origin.
- 6 To nurture ecumenical, spiritual, interfaith and multicultural relationships in the world

Details for Chaplaincy Directory Entry

Name in full		<p><b>Will this information change anything on the current Directory Page for this Chaplaincy?</b></p> <p><b><i>If it does, clearly indicate the changes.</i></b></p>
Mailing address in full		
Which Church or Religious Body appointed you?		
Faith Group		
Are you ordained?		
If a lay person, describe any special work you undertake		
Membership Category Please tick appropriate category	<input type="checkbox"/> Active <input type="checkbox"/> Associate	

Country	City
Airport Name	IATA Code (3 letters)

Name of Chaplaincy	
Is the Chaplaincy ...	<b>Full Time</b> or <b>Part time</b> for ..... hours per week?
Chaplaincy Personnel - show denomination and if full or part time (use separate sheet if necessary)	
Chaplaincy postal address	
Office location	
Office days and hours	

Telephone numbers with International & local codes	Chapel ..... Office ..... Home ..... Mobile ..... Fax ..... Fax number
e-mail address	
Chaplaincy website address	
Airport website address	

Chapel location	
Chapel hours	
Is the Chapel used Ecumenically? <b>Yes / No</b>	By other faiths? <b>Yes / No</b>
Worship Services: denomination, days, times, faiths	

<i>For Treasurer's use only</i>			
<i>Application received</i>		<i>Originals sent to</i> Secretary	
<i>Affiliation fee</i>		<i>Copies sent to</i> Media Officer & V-Pres	