

**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.aero

Mail or email to the IACAC Treasurer: Rev Romeo Dabee

Email : [treasurer@iacac.aero](mailto:tresurer@iacac.aero)

The Treasurer's Mailing Address is:

The Rev. Romeo Dabee

Christ for the World Chapel

4 Central Terminal Area Suite 461-002

JF Kennedy Airport, NY 11430

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.aero

**CASH PAYMENT AT ANNUAL CONFERENCE**

5 If you have any questions contact the Secretary

**Miss Mary Holloway** – secretary@iacac.aero

*Form reviewed October 2019*

***Extracts from the Constitution***

**4 Objects**

* 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.

4.3 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.

4.4 To engage in mutual theological and sociological study and reflection relevant to the task.

4.5 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.

4.6 To nurture ecumenical, spiritual and interfaith relationships in the world God has created.

**6 Membership of the Association**

6.1 Membership of the Association shall be open to any person engaged in Chaplaincy in Civil Aviation who is interested in furthering the Objects ***and who has paid the Annual Subscription (dues)*** as laid down from time to time by the Executive Board.

6.2 (New) Members will be:

1 **Active**: that is those engaged in regular full-time or part-time duties as a Chaplain either individually or as part of a Team. Accreditation for the appointment shall accord with the requirements of paragraph 6.6 (*see previous page*).

2. **Associate Members:** that is for people interested in supporting airport chaplaincy. Associate members would have no voting rights and pay a reduced membership subscription.

*Note*: The other categories of membership, Honorary and Retired, are not relevant to this application.

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



**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***

##### This Application supported by

Name……………………………...

Authority …………………………………

Signature …………………………………...

***A letter of Accreditation is included***

*Signature* …………………………………...

*First name* …………………………………...

*Family name* …………………………………...

*Title* …………………………………...

**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 |  | **Will this information change anything on the current Directory Page for this Chaplaincy?**  ***If it does, clearly indicate the changes.*** |
| 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 | ☐ Active ☐ Associate |  |

|  |  |
| --- | --- |
| Country | City |
| Airport Name | IATA Code (3 letters) |

|  |  |
| --- | --- |
| Name of Chaplaincy |  |
| Is the Chaplaincy ... | **Full Time** or **Part time** 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? **Yes / No** By other faiths? **Yes / No** | |
| Worship Services: denomination, days, times, faiths |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***For Treasurer's use only*** | | | | |
| *Application received* |  | | *Originals sent to* Secretary |  |
| *Affiliation fee received* |  |  | *Copies sent to* Media Officer & V-Pres |  |