

Associated Chaplains in California State Service



Membership Application

Applicant Information:

Name: _____ Full SSN: _____
Last First MI

Primary Institution: _____ Faith Group: _____

Mailing Address: _____ Office Phone: (____) _____

_____ Email: _____

Membership: Membership is for those who are employed as California State Chaplains in CDCR, DJJ, DDS, DSH, and CalVet. Dues are \$18.00 per month, paid automatically by payroll deductions, following submission of the above information to the State Controller's Office.

I, _____, authorize the ACCSS Treasurer to submit the request for payroll deduction to the State Controller's Office. I understand that it may be a few months from this date before deductions begin.

(Please print full name)

Signature _____ Date _____

Send all applications and renewals to: **ACCSS** Treasurer, PO Box 112 Calipatria, CA 92233