



Massachusetts Corps of Fire Chaplains
PO Box 906
Northampton, MA 01061

Membership Application

Name: _____ D.O.B. _____
(Last) (First) (Middle)

Mailing Address: _____

City / town: _____ Zip: _____

Parish / Congregation: _____

Denomination: _____

Ecclesiastical Title: _____ Ordination Date: _____

Telephone: Home: _____

Office: _____

Cell: _____

Email Address: _____

Fire Department: _____

How long have you served as a fire department chaplain? _____

What is your average number of responses per month? _____

Please include with this application:

1. A copy of your letter of appointment by your fire department.
2. A letter from your ecclesiastical authority indicating you are in good standing.
3. A check for first year dues, \$100.00

Return to: The Rev. Bruce Arbour, Chief Chaplain
PO Box 906,
Northampton, MA 01061

Questions? Contact the Chief Chaplain at afdchaplain@gmail.com