**

**Calendar Year 2018**

**Membership Application**

Name:

Preferred Title: *(Mr, Ms, Rev, Sister, Rabbi, etc.):*

Certifications *(BCC, APCE, etc.)*:

Street Address:

City, State, Zip:

E-mail:

*To save costs, most correspondence will be via e-mail.*

Faith Group:

Synod/Conference *(if applicable)*

Chaplaincy Specialty *(please check one)*:

⎕ Acute Care

⎕ Corrections

⎕ Hospice

⎕ Long Term Care

⎕ Mental Health

Please make $25.00 check payable to and send to:

Rainbow Hospice Care

Attn.: Shannon Finger

1225 Remmel Dr.

Johnson Creek, WI 53094