



**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 Rimmel Dr.
Johnson Creek, WI 53094