



Assembly of Episcopal Healthcare Chaplains
Membership

Renewal New Member

****Please Update Contact Information If It Has Changes in The Last Year

Name: _____ Title/Position: _____

Institution: _____

Address: _____

Phone: _____ E-Mail: _____

Annual Dues (Calendar Year) _____

\$150 for Diocesan (Name of Rep.: _____)

\$100 for Institution (Name of Rep.: _____)

\$50 for Professional

\$25 for Associate (Student Volunteer Retired)

Send Form & Check/Credit Card Info. to:

Andrew Peterson

Director of Spiritual & Pastoral Care

Vanderbilt University Hospital

1005 Oxford House

Nashville, TN 37232-4785

Credit Card Information:

Name on Card: _____

Card Number: _____ Security Code: _____

Billing Address: _____ Exp. Date: _____