**www.nihca.co.uk**  **Email: secretary@nihca.co.uk**

**Membership Application**

**NIHCA Constitution - 4. Membership:**

**4.1** Membership of the Association shall be open to all chaplains (salaried or voluntary) working in

healthcare settings in Northern Ireland;

**4.2** Associate membership of the Association may be granted to former or retired chaplains who have been

Members of the Association, in recognition of their service. Associate Members shall have no voting

rights;

**4.3** The Executive Council shall have the right to determine, after consultation with Members, categories and

conditions of membership;

**4.4** The Executive Council shall have the right to approve or reject applications for membership;

**4.5** All Members of the Association shall abide by the Code of Conduct of the Association;

**4.6** The Executive Council shall have the right to terminate membership provided that the Member concerned

shall have the right to be heard by the Executive Council before a final decision is made; at such a meeting

the Member concerned may also nominate another Member or other person to speak on their behalf.

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* For 2020/21 annual Membership fee is £25 salaried chaplains, £10 unsalaried chaplains
* The fee is due each year before/at the AGM (27th May 2020)
* Cheques should be made payable to “NIHCA” and forwarded to Rev Jack Moore (Treasurer)
* Direct Bank Transfers details: Bank: Bank of Ireland; Account number: 96617071; Sort code: 902389. Please include your name in the message to identify your payment and notify Rev. Jack Moore by email ([jmoore2006@icloud.com](mailto:jmoore2006@icloud.com)) that you have paid by bank transfer.
* You can also pay on the website through PayPal, having completed a membership application form first.
* Free training is only available to chaplains who have paid their membership fee.
* All membership applications require support by a NIHCA member.

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Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Tel. number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Tel number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of chaplaincy (site/Trust/other): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Religious/denominational/belief affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date membership paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membership paid by: Bank Transfer / Cheque / PayPal

Membership application supported by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of chaplaincy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Data Protection / Mailing List**

In conjunction with the new Data Protection Legislation (May 2018) chaplains must provide permission for their contact details to be held on record and to be contacted by the organisation (NIHCA) holding the records in the future.

I give permission for the NIHCA to keep my personal details on a database: (please tick each box if you agree)

* to enable NIHCA to collate the number of chaplains
* to enable NIHCA to compile records of CPD
* for the purpose of NIHCA communicating with me about future educational/training events
* for the purpose of NIHCA passing on other information relevant to NIHCA membership or healthcare chaplaincy
* I give permission for NIHCA to use my photograph/video from training events in publicity or articles, including in print and online.
* I understand that I can request to be removed from the database at any time by contacting the Secretary at - secretary@nihca.co.uk

N.B. We do not pass on your personal details to any other parties except to PayPal when you choose to pay your membership fee through their service.

**Failure to complete and return this form and pay your membership fee will mean your contact details will be removed from our records within one year.**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Treasurer: Rev Jack Moore** 79 Niblock Road, Antrim, Co. Antrim BT41 2RH

[jmoore2006@icloud.com](mailto:jmoore2006@icloud.com)