

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 2021/22 annual Membership fee is £25 salaried chaplains, £10 unsalaried chaplains
- The fee is due each year before/at the AGM (25th May 2022)
- Cheques should be made payable to "NIHCA" and forwarded to Mrs Sanna Mallon (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 Mrs Sanna Mallon by email (treasurer@nihca.co.uk) 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: _____