 APPLICATION ESSENTIALS OF FIRE CHAPLAINCY

Shreveport, LA April 24-25, 2020

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fire Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_\_\_\_ Fire Chief\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_ Zip\_\_\_\_\_\_\_\_\_

Home Phone\_(\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_(\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Volunteer Chaplain \_\_\_ Part-time Chaplain \_\_\_ Full-time Chaplain\_\_\_ Years in Ministry \_\_\_\_\_\_\_\_\_\_\_

🞏Essentials of Fire Chaplaincy Tuition with USB Manual $190.00 🞏Will pay at course ($25.00 extra at course). Please indicate USB format for your stick 🞏PC format 🞏MAC format  
🞏Essentials of Fire Chaplaincy Tuition with paper Manual: $210.00. 🞏Will pay at course ($25.00 extra at course)  
🞏I would like an application for membership in the Louisiana Fire Chaplain Network (Free for remainder of this year) for Louisiana residents for those who take Essentials class with us.

Send application and payment to:

Louisiana Fire Chaplain Network 2154 Waymon Street  
Shreveport, LA 71118

OR To Pay online check or credit card to click on the SECURED link below: www.aplos.com/aws/give/LouisianaFireChaplainNetwork/payonline fill in your name, your email, Amount, One-time payment, Purpose (Essentials Tuition), click Donate Now, add your online check or credit card information (make sure to add the CVV code).  
You will receive an email confirmation of payment immediately for your records.

PLEASE SEND COPY OF THIS APPLICATION EVEN IF YOU ARE PAYING ONLINE

Include the total amount you paid online or credit card below so we can cross reference your payment to this application.

Total Amount paid $\_\_\_\_\_\_\_\_\_\_ 🞏check#\_\_\_\_\_\_\_\_\_\_\_\_ 🞏Paid online  
Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notice: If your department needs a Form W-9 for payment, please check here 🞏we will send you a form via email.