



# Association of Catholic Chaplains in Education

## School Membership Application Form

Please complete the form in **BLOCK CAPITALS**. Thank you

Date of Application (month and year)

Name of School/ College

Address of School/College  
Inc. Post Code

School/College ph. No.  Fax No

School/College email

Diocese

### School Contact Person

Title  Forename  Surname

Email

### Subscription – Please tick membership required

**One** chaplain £50

Between **two and five** chaplains £75  Amount Enclosed

*Membership is valid for **one** year. A reminder will be sent when your membership is due for renewal.  
If you do not wish the information submitted to be shared with other organisations (at our discretion) please tick*

Please send completed form and cheque, payable to **A.C.C.E.** to:  
Julie Sweeney (ACCE), The Diocesan Centre, Mornington Crescent, Mackworth, Derby DE22 4BD