



# CICA INTERNATIONAL UNIVERSITY & SEMINARY

## AFFILIATION APPLICATION FORM

Date Filed: \_\_\_\_\_

New Applicant     Renewal    Complete form and email to: [cicainternationaluniversity@cica-chaplaincy.org](mailto:cicainternationaluniversity@cica-chaplaincy.org)

### Part I- Personal Information: Please Print.

Name of Applicant:

Name of Organization seeking Affiliation:

Complete Address of Organization:

Name of Primary Contact:

Title of Primary Contact:

Tel. No.:

E-mail Address:

Cell No:

### Part II- Acknowledgment:

I HEREBY CERTIFY that the above information written by me are true and correct to the best of my knowledge and belief. I further authorize CICA INTERNATIONAL UNIVERSITY & SEMINARY and other agencies to investigate the authenticity of all the documents presented.

\_\_\_\_\_  
Signature of Applicant

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

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_

20\_\_\_\_\_ at \_\_\_\_\_, affiant Applicant exhibited to me his/her valid issued ID

\_\_\_\_\_ issued at \_\_\_\_\_ on \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

### Part III- Affiliation Fees:

\$500.00 annually  
USA & Canada

\$350.00 annually  
Caribbean Islands, Central America, Asia, Africa, European Continent

\*\*Fees are in USD. To be paid on our website upon approval.

**For Office Use Only:** Reviewed and Approved by: