



CICA INTERNATIONAL UNIVERSITY & SEMINARY

AFFILIATION APPLICATION FORM

Date Filed: _____

New Applicant Renewal Complete form and email to: 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: _____
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Tel. No.: _____	E-mail Address: _____
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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 will be paid on our website. Instructions will follow after approval.

For Office Use Only: Reviewed and Approved by: _____