



COMISS – The Network on Ministry in Specialized Settings

P.O. Box 14 ; Suite 375

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July - 2010

Dear COMISS Network Colleague:

We write to bring you greetings from COMISS Network Leadership and to request your dues contribution for the new fiscal year that begins this July. Please see the two pages attached to this letter. The first is the dues structure. Please find your organization's category and have a check drawn accordingly. The second page is for your use in returning your dues payment and provides an opportunity to make sure the information we have about your organization is current. Please complete it and return your check as soon as you are able.

We also want to remind you of the date for our Forum this year. We will meet Sunday and Monday, January 9-10, 2011, again at the Mark Hilton Hotel in Alexandria, Virginia. Please mark your calendars since we want you to attend and add your voice to the dialogue about ministry in our specialized settings. We have kept this January date to be in sync with other chaplaincy meetings that usually meet around the same time as COMISS Network.

We have read your evaluations of the last Forum and have decided to focus on the work of the chaplain from all aspects of our constituent members of COMISS Network. Our theme this year is, "The Role of Chaplaincy Within A Changing Culture." We have speakers from hospital, prison, and workplace ministry as well as military chaplaincy. We will discuss the "nuts and bolts" of ministry including training, endorsing, certifying and hiring chaplains. We believe that you will be able to take away some very practical information on ministry in specialized settings.

We had a productive planning retreat this July at the VA Chaplains School in Hampton Roads, Virginia. We had creative input from all the member categories of our organization. We thank you for your candid evaluations of our Forum from last year. The COMISS Network Leadership welcomes your input and suggestions to the Leadership about where you would like us to go with COMISS Network. We are encouraged by our spirit of cooperation and creativity. We look forward to seeing you at the Forum in January.

Sincerely,

John deVelder
Chair

John Samb
Treasurer

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2010 - 2011 NETWORK DUES (July 1, 2010 - June 30, 2011)
MEMBERSHIP REGISTRATION FORM - Part I

Official Organization

Name: _____

****Dues Charts****

CHART 1 -- Professional Certification Organizations			
Please check one.	Category	Organization Membership	Dues
	I	1 to 250	\$200.00
	II	251 to 501	\$300.00
	III	501 to 750	\$400.00
	IV	751 to 1,000	\$600.00
	V	1,001 members and up	\$1,000.00

CHART 2 -- Professional Accreditation Organizations			
Please check one.	Category	Organization Membership	Dues
	I	1 to 250	\$200.00
	II	251 to 501	\$300.00
	III	501 to 750	\$400.00
	IV	751 to 1,000	\$600.00
	V	1,001 members and up	\$1,000.00

CHART 3 -- Religious Endorsing Bodies			
Please check one.	Category	Organization Membership	Dues
	I	1 to 100,000	\$200.00
	II	100,001 to 500,000	\$300.00
	III	500,501 to 1,000,000	\$400.00
	IV	1,000,001 to 5,000,000	\$500.00
	V	over 5,000,000	\$600.00

CHART 4 -- Professional Pastoral Care Organizations			
Please check one.	Category	Organization Membership	Dues
	I	1 to 250	\$200.00
	II	251 to 500	\$300.00
	III	501 members and up	\$400.00

CHART 5 -- Chaplain and Pastoral Counselor Employing Organizations			
Please check one.	Category	Organization Membership	Dues
	I	Not-for-Profit	\$300.00
	II	For Profit	\$500.00

In the future please mail this dues notice to:

Name:	_____
Title/Position:	_____
Address:	_____ _____
City:	_____ State: _____ Zip: _____
Phone No.:	_(____) _____
Fax No.:	_(____) _____
E-mail:	_____

Amount Enclosed:	\$
Make checks payable to: The COMISS Network P.O. Box 14: Suite 375 2301 East Lamar Blvd. Arlington, TX 76006	

COMISS now accepts Credit Cards:
MasterCard
Visa
Discover
American Express

Name:	_____
Address:	_____ _____ _____
City:	_____ State: _____ Zip: _____
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> American Express
Card Number:	_____
Card Verification Number (3 digit number):	_____
Expiration Date:	Day ____ Month ____ Year _____
Amount:	\$ _____
Authorizing Signature:	_____

**2010 - 2011 NETWORK DUES (July 1, 2010 - June 30, 2011)
MEMBERSHIP REGISTRATION FORM – Part II**

Section III.a. Voting Rights. Each member organization may be represented by up to three participants at the Annual Meeting of the Forum. There will be one vote per member organization.

Representative #1 (VOTING REPRESENTATIVE):

Name: _____

Title/Position: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone No.: (____) _____

Fax No.: (____) _____

E-mail: _____

Representative #2:

Name: _____

Title/Position: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone No.: (____) _____

Fax No.: (____) _____

E-mail: _____

Representative #3:

Name: _____

Title/Position: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone No.: (____) _____

Fax No.: (____) _____

E-mail: _____