



### Biographical Data for “Voices of Chaplaincy” Story Submissions

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**MCA member status:**  Annual (dues already paid)  Renewal (dues being sent)  Life member

Affiliation:  Army  Navy  Air Force  Marines  Coast Guard  VA  CAP

Duty Status:  Active  Guard  Reserve  Retired  Veteran

Year Commissioned: \_\_\_\_\_ Highest Rank Held: \_\_\_\_\_

Year Discharged: \_\_\_\_\_ Year Retired: \_\_\_\_\_

Combat Veteran:  WWII  Korea  Vietnam  Gulf War  Afghanistan  Iraq

### Release Statement

I, \_\_\_\_\_, am submitting my personal story (and any supplemental stories) as a free gift to the Military Chaplains Association. I grant permission to the Military Chaplains Association to use my personal story for editing, publishing and distributing in complete or partial form, in print, digital eBook format, spoken audio, and any other media format now or hereafter known.

This unrestricted gift transfers to the Military Chaplains Association legal title and all intellectual property rights including copyright. I understand that I will not receive any compensation for my story.

I release the Military Chaplains Association and all others acting under their authority from any liability or claim of liability concerning the use of my personal story (or supplemental material) which I have submitted to them to use.

I have read and understand the above release statement and agree to its provisions.

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

Printed Name: \_\_\_\_\_

### **SUBMIT COMPLETED FORM TO MCA**

Scan and Email: [chaplains@mca-usa.org](mailto:chaplains@mca-usa.org)

or

Mail to: MCA, PO Box 7056, Arlington, VA 22207-7056