



THE APOSTOLIC FAITH MISSION OF SOUTH AFRICA

THE GENERAL SECRETARY • P.O. Box 9450 • Centurion • 0046

APPLICATION FOR ASSEMBLY REGISTRATION:

PROPOSED NAME OF THE ASSEMBLY:			
TOWNSHIP, SUBURB, OR TOWN WHERE THE ASSEMBLY IS SITUATED:			
REGION / NON-GEOGRAPHIC REGION:			
DETAILS OF THE PRESENT LEADER AT THE ASSEMBLY:	FULL NAMES & SURNAME: ID NO:		
PASTORAL STATUS OF THE PRESENT LEADER AT THE ASSEMBLY: (MARK THE APPROPRIATE SPACE WITH AN X)	ORDAINED PASTOR	<input type="checkbox"/>	NON-ORDAINED PASTOR
	ACTIVE EMERITUS PASTOR	<input type="checkbox"/>	AN ASSEMBLY LEADER
CONTACT DETAILS OF THE ASSEMBLY: If the contact details given are that of the assembly leader/pastor, please specify as such. e.g. 082 123 0456 (assembly pastor)	PHYSICAL ADDRESS:	CODE:	
	POSTAL ADDRESS:	CODE:	
	TELEPHONE NO:	()	
	FAX NO:	()	
	E-MAIL:		
	ASSEMBLY WEBSITE:		
	IN WHICH MAIN LANGUAGE ARE CHURCH SERVICES/ SERMONS CONDUCTED?		
DATE OF THE ASSEMBLY'S ESTABLISHMENT:			
DO YOU HAVE A DRAFT ASSEMBLY POLICY?			
TOTAL NUMBER OF MEMBERS BAPTIZED IN WATER:	Minimum 50		
AVERAGE INCOME PER MONTH:	Minimum R5000		

Assembly Secretary/Administrator Name & Signature:Date:.....

Regional Secretary/Administrator Name & Signature:Date:.....

OFFICE USE ONLY

DATE RECEIVED AT THE OFFICE OF THE GENERAL SECRETARY:	DATE OF NOB/NLF APPROVAL:
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