



**THE AFM OF SA –REGISTRATION FORM  
GENERAL BUSINESS MEETING 09-13 SEPTEMBER 2018**

I, the undersigned confirm that the person named below has been duly authorized to be registered as an attendee at the 2018 GBM.

**NB: PLEASE PRINT READABLE**

|                               |                            |           |                          |
|-------------------------------|----------------------------|-----------|--------------------------|
| SURNAME:                      |                            | INITIALS: |                          |
| FIRST NAME:                   |                            |           |                          |
| GENDER:                       | <input type="checkbox"/> F | M         | <input type="checkbox"/> |
| ASSEMBLY:                     |                            |           |                          |
| REGION/NON-GEOGRAPHIC REGION: |                            |           |                          |
| POSTAL ADDRESS:               |                            |           |                          |
| TEL:                          |                            | FAX NO:   |                          |
| CELL:                         |                            | EMAIL:    |                          |

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SIGNATURE

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DATE

**(NB: THE REGISTRATION FEE DOES NOT INCLUDE ACCOMODATION)**

| <u>DATE OF REGISTRATION</u>  | <u>REGISTRATION FEE</u> | <u>DATE OF PAYMENT</u> | <u>AMOUNT</u> |
|--|-------------------------|------------------------|---------------|
| IF PAYED BEFORE<br>30 JUNE 2018  | R300.00                 |                        | R             |
| IF PAYED AFTER<br>30 JUNE 2018   | R350.00                 |                        | R             |
| <b>*NO CHARGE FOR NON- ACTIVE EMERITUS/WIDOWS OF PASTORS</b>                   |                         |                        |               |
| <b>*REGISTRATIONS (AFTER 15 AUGUST 2018) WILL NOT QUALIFY FOR A GOODIE BAG</b> |                         |                        |               |

**\*ELECTRONIC/DIRECT PAYMENT CAN BE DONE INTO THE FOLLOWING ACCOUNT:**

**BANK:** ABSA; **ACCOUNT HOLDER:** AFM OF SA; **ACCOUNT NO:** 1017230766; **BRANCH CODE:**632005  
**REFERENCE:** 2900-010 (ADD FULL NAME AND SURNAME)

You may fax, email or post your registration with proof of payment to Mpho Sethole; **Also bring your proof of payment with.** Fax: **086 4161961**; **012 644 0732/4** Email: [afmqbm@afm-ags.org](mailto:afmqbm@afm-ags.org);

Tel. 012 644 0490 ext.131; P.O. Box 9450 CENTURION 0046.

**\*PLEASE TICK APPROPRIATE BLOCK (✓)**

|   |  |
|---|--|
| DELEGATE (PASTOR) (SECTION 5.4.1)               |  |
| ASSEMBLY DELEGATE (SECTION 5.4.1)               |  |
| NLF MEMBER (SECTION 5.4.2)                      |  |
| NATIONAL DEPARTMENT (SECTION 5.4.4 & 8.1)       |  |
| STANDING COMMITTEE MEMBER (SECTION 5.4.3 & 6.1) |  |
| ASSEMBLY OBSERVER                               |  |
| EMERITUS/WIDOW OF PASTOR: OBSERVER              |  |