



**THE APOSTOLIC FAITH MISSION OF SOUTH AFRICA
APPLICATION FOR AFFILIATION**

The completed forms together with all relevant documents must be forwarded to:

The General Secretary
AFM of SA
P O Box 9450
CENTURION
0046

henri@afm-ags.org

1. THIS APPLICATION IS IN RESPECT OF:

A Ministry

An Assembly

An individual Leader/ Pastor

2. PARTICULARS OF MINISTRY/ ASSEMBLY:

2.1 Registered Name:

2.2 Postal Address:

.....

.....Code:

2.3 Physical address:

.....

.....

City/ Town/Township:

2.4 Tel:

2.5 Fax:

2.6 e-mail:

- 2.7 P.B.O. no.
- 2.8 N.P.O. no.

3. PARTICULARS OF THE LEADER/PASTOR:

- 3.1 Surname:
- 3.2 Names:
- 3.3 ID No.
- 3.4 Postal Address:
- 3.5 Tel:(land line)
.....(mobile)
- 3.6 Fax:
- 3.7 e-mail:
- 3.8 Date of Ordination:
- 3.9 Ordained by (Ministry/Church):
- 3.10 Marital Status:

Single: Married:
 Divorced:

- 3.10 Name of Spouse (if married):
- 3.11 Date of Marriage:
- 3.12 Place of Marriage:

4. NAMES OF CURRENT LEADERSHIP/ OFFICE BEARERS/ TRUSTEES:

	Name and Surname:	Relationship to Leader/ Pastor
4.1
4.2
4.3
4.4

5. COMMITMENT:

	Yes	No
5.1 Acceptance of AFM of SA Confession of faith:
5.2 Compliance with the AFM of SA Constitution:
5.3 Acceptance of the payment of Affiliation fee:
5.4 Acceptance of AFM spiritual supervision and discipline:
5.5 Acceptance to maintain fellowship at local Regional level
5.5 Acceptance of Pastoral Code of Conduct:

6. DOCUMENTS TO BE SENT TOGETHER WITH THIS APPLICATION

- 6.1 Constitution / Policy document of the ministry.
- 6.2 Recent post card size photo of the leader/pastor and spouse.
- 6.3 Two recent passport size photos of the leader/pastor.
- 6.4 Certified copies of certificates or diplomas which verify his/her qualifications.
- 6.5 A recent medical certificate.
- 6.6 A certified copy of marriage certificate (if married).
- 6.7 A certified copy of ordination certificate (if ordained).
- 6.8 Reference from an AFM pastor.

7 APPROVAL (FOR OFFICE USE)

7.1 Date:

7.2 Place:

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