



# 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:	THE AFM OF SA		
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:		
DOES THIS ASSEMBLY FALL IN THE GEOGRAPHICAL AREA OF ANOTHER REGION?	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>	IF YES, DID YOU CONSULT THAT REGION? YES <input type="checkbox"/> NO <input type="checkbox"/>
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: 16 Years of age and above.	Minimum 50		
AVERAGE INCOME PER MONTH:	Minimum R10 000		

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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