

Affiliation Application Form

**THE APOSTOLIC FAITH
MISSION OF SOUTH AFRICA**



NATIONAL OFFICE

Building no. 14, Central Office Park, 257 Jean Avenue, Centurion, Gauteng, South Africa.

P.O. Box 9450, Centurion 0046

Tel: +27 12 644-0490 (8 lines) Fax: +27 12 644 0732/4

Website: www.afm-ags.org

■ 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

OR

E-mail: selby@afm-ags.org

1. THIS APPLICATION IS IN RESPECT OF:

A Ministry An Assembly An individual Leader/ Pastor

2. PARTICULARS OF MINISTRY/ ASSEMBLY:

Registered Name :

Postal Address :
 Postal Code :

Physical Address :

City/ Town/
Township :

Telephone : Cell :

E-mail :

P.B.O. No. :

N.P.O. No. :

3. PARTICULARS OF THE LEADER/PASTOR:

Title :

Full Names :

Surname :

Postal Address :
 Postal Code :

ID Number :

Telephone : Cell :

E-mail :

Date of Ordination :
D D M M Y Y Y Y

Ordained by (Ministry/Church) :

Marital Status : Married : Single : Divorced :

Names of Spouse (if married) :

Place of Marriage :

Date of Marriage :
D D M M Y Y Y Y

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

Name and Surname:	Relationship to Leader/ Pastor:
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

5. COMMITMENT:

Acceptance of AFM of SA Confession of Faith	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Compliance with the AFM of SA Constitution	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Acceptance of the payment of the Affiliation Fee	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Acceptance of AFM spiritual supervision and discipline	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Acceptance to maintain fellowship at local Regional level	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Acceptance of Pastoral Code of Conduct	<input type="checkbox"/> YES	<input type="checkbox"/> NO

6. DOCUMENTS TO BE SENT TOGETHER WITH THIS APPLICATION:

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

7. APPROVAL (FOR OFFICE USE)

Place :

Date :
D D M M Y Y Y Y