

Council of African Independent Churches

OFFICE OF THE SECRETARY GENERAL

Registration: 186-956 NPO



Please address all correspondence to the Secretary General

MEMBERSHIP FORM

CHURCH DETAILS												
CHURCH NAME												
CITY/TOWN - HEAD QUARTER OF CHURCH												
HEAD OF CHURCH (NAMES)							POSITION					
PHYSICAL ADDRESS (Church)												
POSTAL CODE		CELL NO				TEL NO						
POSTAL ADDRESS (Church)												
POSTAL CODE		Church Email										
CHURCH TOTAL MEMBERSHIP		Membership Per Province		GP	FS	MP	KZN	NWP	LP	ECP	WCP	NCGP
INITIAL & SURNAME							SIGNATURE:					
MAIN MEMBER'S DETAILS												
FULL NAME (S)		TITLE			MARITAL STATUS			GENDER		M	F	
SURNAME					POSITION / TITLE							
ID NUMBER												
PHYSICAL ADDRESS												
POSTAL CODE		CELL NO				TEL NO						
E-MAIL ADDRESS												
INITIAL & SURNAME							SIGNATURE:					
2 nd Representative (If Any)												
FIRST NAME (S):				SURNAME:			POSITION:					
ID NUMBER												
CELL NO												
3 rd Representative (If Any)												
FIRST NAME (S):				SURNAME:			POSITION:					
ID NUMBER												
CELL NO												
WITNESSES:												
INITIAL & SURNAME							SIGNATURE:					
INITIAL & SURNAME							SIGNATURE:					

**CAIC GENERAL SECRETARY:
APPLICATION APPROVED/ DECLINED**

CAIC GENERAL SECRETARY SIGNATURE	DATE
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CAIC banking account number 62819210387 FNB,
and remit copy of the deposit slip to info@caic.org.za

<p>HEAD QUARTERS CHURCH STAMP</p>
