

Council of African Independent Churches

OFFICE OF THE SECRETARY GENERAL
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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				DATE OF BIRTH				D	D	M	M	Y	Y	Y	Y
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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HEAD QUARTERS CHURCH STAMP
