



MEMBERSHIP FORM

PERSONAL DETAILS

Surname.....First Name (S).....

Title.....Sex.....Date of Birth.....

Identity Number.....Marital Status.....

Residential Address.....

.....

Contact Nos (H).....BUS.....CELL.....

Email Address:.....

EMPLOYMENT OR BUSINESS DETAILS

Employer's or Business Name:.....

Address:.....

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Area of Business:.....

Church affiliation:.....

Ministry:.....

Church Leadership position:.....

Subscription payment terms: Monthly 3months Six months Yearly

DECLARATION

I declare that all the above information is true to the best of my knowledge. I further agree that any misrepresentation of facts will lead to the rejection of this application and/or legal action being taken against me. I have read and understood the constitution and will abide by it.

Signed:..... **Date:**.....