

APOSTOLIC FAITH MISSION OF SOUTH AFRICA



REVIVAL CENTRE, EERSTERUST

MEMBER INFORMATION

Surname:			
Name (s):			
ID No.:			
Residential Address:		Postal Address:	
Code		Code	
Occupation:			
Contact Details			
Home Tel No.	Work No:	Cell No.:	E Mail.:
Marital Status:	Single	Married	Other
Previous Denomination (s)			
Date of Baptism			
Indicate ministry / gifting interest			
<i>From Him the whole body, joined and held to get herby every supporting ligament, grows and builds itself up in love, as each part does its work. (Eph. 4:16)</i>			
Gifts		Ministry	
Administration		Children	
Serving		Youth	
Leadership		Ladies	
Evangelism		Music & Arts	
Teaching		Hospitality	
Prophetic		Helps	
Other (Specify)		Other (Specify)	
For Office Use:		Appointment Date:	
Interview done by:		Membership No.:	