



KWAZULU-NATAL CHRISTIAN COUNCIL

(119-523 NPO)

APPLICATION FORM FOR MEMBERSHIP

(Please print the following form to fill in your details and post to the address on page 2)

Name of the Denomination:		
Confession of the Church:		
Date of Establishment:		
Full Names of the Head of the Church / Archbishop / Bishop / Moderator:		
Address of Head Office:		Area:
		Town:
Telephone:	Code:	Number :
Fax :	Code:	Number:
Email:		Website:
Registration Number:		
Vision of the Church:		
Mission of the Church:		
Number of Congregations / Branches		
Provinces in which the Church has Congregations / Branches:		
Reasons for Denomination Seeking Membership with the KZNCC:		

Deputy CEO

50 Longmarket Street - P.O. Box 2035 Pietermaritzburg 3200 South Africa

Tel: +27 (0) 33 3454819 Fax: +27 (0) 33 3949965 Email: Lngoetjana@kzncc.org.za, ddziva@kzncc.org.za
info@kzncc.org.za

Contact Person Details	
Title (Rev/Ps/Dr/Prof/Mr/Ms/Dean/Bishop):	
Full Names:	
Position Held:	Email:
	Phone Number:
	Physical Address:
Alternative Contact Person Details	
Title (Rev/Ps/Dr//Prof/Mr/Ms/Dean/Bishop):	
Full Names:	
Position Held:	Email:
	Phone Number:
	Physical Address:
Signature of the Head of the Church / Archbishop/ Bishop/ Moderator :	Date:
Signature of the Contact Person:	Date:
Signature of Alternative Contact Person:	Date:
Date of submission:	

Application Form **MUST** be accompanied by the following documents:

- 1) Cover letter – signed by the Head of the Church/Archbishop/Bishop/Moderator confirming interest to be a member and willingness to comply with all obligations, rules, procedures, etc if membership is accepted.
- 2) Constitution of the Church
- 3) Certified copy of Registration Certificate (which can also be obtained at SARS - 0800 007 277)

Please submit your application for the attention of the KZNCC CEO to:

P O BOX 2035
 Pietermaritzburg
 3200
 Email: info@kzncc.org.za

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