



South African Council of Churches

APPLICATION FORM FOR MEMBERSHIP

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:			Province
			Country
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 SACC:			

Office of the General Secretary

PO Box 62098 | Marshalltown | Johannesburg 2017
 Direct Line: +27 (0)11 241 7817 | Switchboard: +27 (0)11 241 7800 | Facsimile: +27 (0)11 492 1448
 Email: tmm@sacc.org.za or support@sacc.org.za | Website: www.sacc.org.za

Contact Person Details	
Title (Rev/Ps/Dr/Prof/Mr/Ms): Full Names: Position Held:	Email: Phone Number: Physical Address:
Alternative Contact Person Details	
Title (Rev/Ps/Dr/Mr/Ms): 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 General Secretary** to:

PO Box 62098
Marshalltown
Johannesburg
2107

tmm@sacc.org.za / support@sacc.org.za

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