



AFRICAN CHRISTIAN DEMOCRATIC PARTY

P O Box 1677, Alberton, 1450
Tel: 011 869 3941

Email: office@acdparty.org.za
Fax: 086 656 4411

ACDP

APPLICATION FOR MEMBERSHIP

I.D. NO OF RECRUITER:

RECRUITED BY:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

NEW MEMBER: RENEWAL:

I.D. NO:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

KNOWN AS: _____

SURNAME:

FIRST NAMES:

MARTIAL STATUS:

RESIDENTIAL ADDRESS:

CONTACT DETAILS:

OCCUPATION:

WORK: () _____

HOME LANGUAGE:

HOME: () _____

NAME OF CHURCH:

CODE:

CELL: () _____

POSTAL ADDRESS:

EMAIL: _____

MEMBERSHIP FEE: (1 year) **R 10**

(3 years) **R 50**

(lifetime) **R 500**

CODE:

FAX: () _____

WOMEN OF DESTINY: **R 10**

I, the undersigned, hereby agree to adhere to the Constitution and Rules of the ACDP

TOTAL:

DATE:

SIGNATURE:

For Office Use Only: WARD:

BRANCH:

REGION:

SIGN: