



NEW MEMBER / UPDATE FORM

Please complete the form and place it in the offering box in the main foyer of the church, hand it in at the church office or email to info@constantiakruin.co.za

DETAILS

ADULT 1:

Title: _____ Surname: _____
Full Names: _____
First Name: _____
Profession: _____
ID Number: _____

ADULT 2:

Title: _____ Surname: _____
Full Names: _____
First Name: _____
Profession: _____
ID Number: _____

E-Mail: _____
Tel: (h) _____ Tel: (w) _____
Tel: (c) _____

Marriage Status: _____
Marriage Ceremony Date: _____
Confirmation Completed: ☐ Yes ☐ No
Year of Confirmation: _____
At which Congregation: _____
Baptism Date: _____
At which Congregation: _____

Are you part of a cell group? ☐ Yes ☐ No If **No**, would you like to join a cell group? ☐ Yes ☐ No
If **yes** ☐ Group Leader ☐ Assistant Group Leader ☐ Cell Member
Group Leader Name & Surname: _____ Contact Nummer: _____

HOME ADDRESS:

Postal Code: _____

PROOF OF MEMBERSHIP

Adult 1: _____ Adult 2: _____
Previous Congregation: _____ Previous Congregation: _____

CHILDREN UNDER 18

DETAILS

CHILD 1:

Surname: _____

Full Names: _____

First Name: _____

ID Number: _____

Child Cell Phone Number: _____ if available

☐ Baptism ☐ Baby Dedication ☐ None

Baptism Date: _____

Congregation where Baptised: _____

School: _____

Grade: _____

CHILD 2:

Surname: _____

Full Names: _____

First Name: _____

ID Number: _____

Child Cell Phone Number: _____ if available

☐ Baptism ☐ Baby Dedication ☐ None

Baptism Date: _____

Congregation where Baptised: _____

School: _____

Grade: _____

CHILD 3:

Surname: _____

Full Names: _____

First Name: _____

ID Number: _____

Child Cell Phone Number: _____ if available

☐ Baptism ☐ Baby Dedication ☐ None

Baptism Date: _____

Congregation where Baptised: _____

School: _____

Grade: _____

CHILD 4:

Surname: _____

Full Names: _____

First Name: _____

ID Number: _____

Child Cell Phone Number: _____ if available

☐ Baptism ☐ Baby Dedication ☐ None

Baptism Date: _____

Congregation where Baptised: _____

School: _____

Grade: _____

ANY OTHER INFORMATION YOU WOULD LIKE TO BRING TO OUR ATTENTION

☐ I/we hereby give permission to Constantiakruin to store my/our information and use it for Constantiakruin purposes.

DATE FILLED IN _____