

**CAPE CONFERENCE**

**CHILDREN’S MINISTRIES DEPARTMNET**

AFFILIATION FORM

**CHURCH INFORMATION**

CHURCH NAME : ……………………………… DISTRICT : ……………………….

CHURCH PASTOR : ……………………………… CONTACT : ……………………….

CHURCH ELDER : ………………………………CONTACT : ……………………….

INFORMATION – AFFILIATION DETAILS

AFFILIATION FEE : R200.00

AFFILIATION (DEADLINE) : 28 February 2019

BANKING DETAILS

Bank : ABSA BANK

Account Name : Cape Conference OF Seventh-day Adventist

Account Number : 9287202901

Reference : Western Region WM Level 1 TRN

Please send the proof of payment to:

Mrs Hlanganisa

083 247 6470

**hlanganisa@mhg.co.za**