



MEMBERSHIP APPLICATION FORM



A. Organization or Member Information

DATE OF APPLICATION: _____

NAME OF ORGANIZATION : _____

CONTACT PERSON IN ORGANIZATION or INFORMATION OF INDIVIDUAL:

TITLE: _____ FIRST NAME: _____ SURNAME: _____

TEL (H): _____ TEL (W): _____ EMAIL: _____

MOBILE: _____ WEBSITE ADDRESS: _____ SKYPE ADDRESS: _____

BUSINESS OR HOME ADDRESS: _____
(City, Postal Code, Province, Country)

SPECIFIC TYPE OF BUSINESS / SERVICE / PROFESSION: _____

AS INDIVIDUAL – YOUR QUALIFICATIONS: _____

B. CHURCH MEMBERSHIP

HOME CHURCH: _____

PASTORS NAME: _____ TEL: _____ MOBILE: _____

ADDRESS: _____
(City, Postal Code, Province, Country)

LOCAL UNION / CONFERENCE / FIELD: _____

C. ANNUAL MEMBERSHIP FEES

Please, choose the category that best describes you by ticking the appropriate box below:

	A. ORGANIZATIONAL MEMBER	ANNUAL FEE (US\$ Equivalent)
<input type="checkbox"/>	A1: Non-Profit Organization	\$60
<input type="checkbox"/>	A2: For Profit Organization	
<input type="checkbox"/>	A2a: 2-9 Employees	\$65
<input type="checkbox"/>	A2b: 10-25 Employees	\$70
<input type="checkbox"/>	A2c: 26-40 Employees	\$100

	B. PROFESIONAL MEMBER	ANNUAL FEE (US\$ Equivalent)
<input type="checkbox"/>	B1: Specialist Providing Independent Consultancy Services	\$60
<input type="checkbox"/>	B2: Employee at Executive Level	\$60
<input type="checkbox"/>	B3: Employee at Managerial Level	\$55

D. STATITICAL INFORMATION

Total amount of employees, including yourself: _____

Year operation began: _____

E. PAYMENT DETAILS:

Account Holder: General Conference of SDA Church
Bank: ABSA
Branch Code: 632005
Account Number: 4069025916
Account Type: Cheque Account
Payment reference: SID ASI MEMBERSHIP 2022 plus your name

PAYMENT FOR COUNTRIES NOT ABLE TO SEND TO SA
:
PAY THROUGH YOUR UNION/CONFERENCE BANK ACCOUNT
SEND PROOF OF PAYMENT TO ASI SID SCRETARIATE
Or post it on WhatsApp group/come with it to the convention

NOTE: PAYMENT IS REQUIRED PRIOR TO APPROVAL OF MEMBERSHIP

ASI strongly encourages its members to do a once off annual payment, but if unable please contact us to make arrangements.

F. PLEASE RETURN COMPLETED FORM TO: asi@sid.adventist.org