



17 Liebenberg Street, Constantia Kloof, Roodepoort  
Tel: (011) 475 1440 WhatsApp: 076 791 2312  
Posbus 5008 Weltevredenpark 1715  
info@constantiakruin.co.za

## 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](mailto:info@constantiakruin.co.za)

### DETAILS

#### ADULT 1:

Title: \_\_\_\_\_ Surname: \_\_\_\_\_

Full Names: \_\_\_\_\_

First Name: \_\_\_\_\_

Profession: \_\_\_\_\_

ID Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Tel: (h) \_\_\_\_\_ Tel: (w) \_\_\_\_\_

Tel: (c) \_\_\_\_\_

#### ADULT 2:

Title: \_\_\_\_\_ Surname: \_\_\_\_\_

Full Names: \_\_\_\_\_

First Name: \_\_\_\_\_

Profession: \_\_\_\_\_

ID Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Tel: (h) \_\_\_\_\_ Tel: (w) \_\_\_\_\_

Tel: (c) \_\_\_\_\_

Marriage Status: \_\_\_\_\_

Marriage Ceremony Date: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Confirmation Completed:  Yes  No

Year of Confirmation: \_\_\_\_\_

At which Congregation: \_\_\_\_\_

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

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: \_\_\_\_\_

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## PROOF OF MEMBERSHIP

Adult 1: \_\_\_\_\_ Adult 2: \_\_\_\_\_  
Most Recent Congregation: \_\_\_\_\_ Most Recent Congregation: \_\_\_\_\_

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## 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: \_\_\_\_\_

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School: \_\_\_\_\_  
Grade: \_\_\_\_\_

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#### CHILD 3:

Surname: \_\_\_\_\_  
Full Names: \_\_\_\_\_  
First Name: \_\_\_\_\_  
ID Number: \_\_\_\_\_  
**Child** Cell Phone Number: \_\_\_\_\_ if available

Baptism  Baby Dedication  None

Baptism Date: \_\_\_\_\_  
Congregation where Baptised: \_\_\_\_\_

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School: \_\_\_\_\_  
Grade: \_\_\_\_\_

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#### CHILD 2:

Surname: \_\_\_\_\_  
Full Names: \_\_\_\_\_  
First Name: \_\_\_\_\_  
ID Number: \_\_\_\_\_  
**Child** Cell Phone Number: \_\_\_\_\_ if available

Baptism  Baby Dedication  None

Baptism Date: \_\_\_\_\_  
Congregation where Baptised: \_\_\_\_\_

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School: \_\_\_\_\_  
Grade: \_\_\_\_\_

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#### CHILD 4:

Surname: \_\_\_\_\_  
Full Names: \_\_\_\_\_  
First Name: \_\_\_\_\_  
ID Number: \_\_\_\_\_  
**Child** Cell Phone Number: \_\_\_\_\_ if available

Baptism  Baby Dedication  None

Baptism Date: \_\_\_\_\_  
Congregation where Baptised: \_\_\_\_\_

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School: \_\_\_\_\_  
Grade: \_\_\_\_\_

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### ANY OTHER INFORMATION YOU WOULD LIKE TO BRING TO OUR ATTENTION

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