

NEW APOSTOLIC CHURCH BURIAL FUND

(Registered under Friendly Societies Act Reg. No. 13/8/747/1)

Private Bag x25, SOUTHFIELD, 7880



NEW MEMBER APPLICATION FORM

Congregation:	
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Principal Member:		Member Number:	
Name:		Surname:	
ID:		D.O.B:	
Address:		Contact Numbers:	

Dependants:			
Spouse:		ID Number:	
Children under 21			
Name:		ID Number:	
Name:		ID Number:	
Name:		ID Number:	
Name:		ID Number:	

I, the undersigned, hereby apply for membership of the Burial Fund and enclose proof of my subscription receipt of EFT of R..... *

The premium due for this application is based on a pro-rata schedule which is determined annually by the Fund. Please refer to the local burial agent or contact the burial office at 021-7002228

I declare that my dependants and I are in good health and free from any disease, disorder or ailment **(exceptions detailed below). I understand that my application only covers only my spouse and dependants (under 21) at the time of application.

**Exceptions:
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A general 3month waiting period does apply.

The maximum age for new members joining the NAC Burial Fund is 60.

Signature of Applicant: Date:

Banking Details of Fund: Standard Bank New Apostolic Church Burial Fund; Account 07-182-1163; Branch 051001 NB: Please use member numbers as a reference so that premium can be allocated correctly
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