



**Religious Leaders Elective Conference Registration Form
25 August 2014**

Title	
Name and Surname	
Contact Details	Cell:
	Email:
	Fax:
ID Number	
Number of years in Ministry	
Residential Address	
Area of jurisdiction	Ward Number (where applicable)
Physical address of your place of worship	
Name of your organisation	
Designation	
Number of people in your organisation	
Years of existence of your organisation	
Do you belong to any fraternal/formation? If yes, provide the name.	

Please return this form by:

1. Fax: 031 311 6094/6194
2. e-mail: Lungelo.makhathini@durban.gov.za
3. Dropping them into the allocated boxes at Sizakala Centres