

ACIPS Amavolontiya Membership Form

Afrika Centre for Intangible Phenomena (ACIPS)








Afrikan Spirituality & Decolonisation Group

Personal Information

Field	Description
Full Name	_____
Preferred Name (if different)	_____
Date of Birth	_____
Contact Number	_____
Email Address	_____
City & Country of Residence	_____

Membership Type

Please select one or more roles you wish to participate in:

-  Patron (supporter of the mission and vision)
-  Writer (contributor of essays, poetry, reflections)
-  Speaker/Facilitator (dialogue leader or workshop host)
-  Research Contributor (sharing knowledge, archives, oral histories)
-  Financial Supporter (monthly or annual donations)
-  Spiritual Practitioner (sharing indigenous practices or rituals)
-  Creative Contributor (art, music, performance)

- Other: _____
-

Membership Duration

Option Tick One

3 Year

5 Year

Live member

Renewal Required: Yes, renewal is required at the end of each membership cycle. Members will be notified 30 days before expiry.

Reason for Joining

Please share your motivation for joining the Sacred Dialogues Group:

Contribution & Role

What do you hope to contribute to the group? What role would you like to play?

Alignment with Values

Do you align with the principles of Afrikan spirituality, decolonial thought, and sacred community dialogue?

- Yes
 - No
 - I'd like to learn more (Read our Membership Charter online before signing)
-

Supporting Materials (Optional)

You may attach any of the following to support your application:

- Writing samples
 - Portfolio or CV
 - Links to past work
 - Letters of support or recommendation
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Declaration

I hereby apply to become a member of the Sacred Dialogues – Afrikan Spirituality & Decolonisation Group. I understand that this is a community rooted in respect, ancestral wisdom, and collective healing.

Signature: _____

Date: _____

This form is intended for interim use until our online digital version is operational. Please complete the form, scan it, and submit it via email to:

ntombimabindisa@acipssa.org.za | ntombimabindisa@gmail.com and copy to:
info@acipssa.org.za

For Office Use Only

Application Received By: _____

Date Received: _____

Membership Status: _____ Assigned No.: _____

Notes/Comments: _____

Reviewed By: _____

Date Reviewed: _____