



Christian Businessmen's Connection of South Africa

WAT IS 'N CBMC LID?

1. Hy moet 'n persoonlike verhouding met Jesus Christus hê.
2. Hy behoort aan 'n kerk waar Jesus Christus as Verlosser en Saligmaker bely word.
3. Dit word van hom verwag om gereeld die plaaslike biduur van CBMC by te woon.
4. en om aktief deel te neem aan die gebedsgedeelte, waar daar gebed word vir CBMC aangeleenthede en vir ongeredde sakemanne en/of professionele manne.
5. Die Gebedsvoorsitter sal hom help om teikenmanne deur middel van die blou Gebedskaartjie waarvoor daar in die groep gebed sal word by die weeklikse gebedsbyeenkoms.
6. Die lid moet tuis voel in die groep en aangemoedig word om deel te hê aan die besprekings gedurende Bybelstudiegedeelte.
7. Mettertyd sal hy blootstelling kry aan uitreike en kan hy 'n kantoorbesoek saam met 'n ervare CBMC lid doen.
8. Dit word verwag dat hy by die eerste geleentheid 'n CBMC oriëntasie bywoon, verkieslik saam met sy gade, waar die hele proses van CBMC aan hom verduidelik sal word sodat hy 'n ingeligte besluit kan neem oor sy betrokkenheid by CBMC.
9. As hy nog nooit gedissipel was nie, sal dit goed wees as hy Opdrag Timoteus saam met een van die spanlede kan deurwerk.
10. Hy sal ook per geleentheid die kans kry om sy getuienis met die span te deel.
11. Hy moet aangemoedig word en uitgedaag word om 'n gereelde stiltetyd te hê, tyd alleen met God.
12. Hy moet aangemoedig word om 'n "Tien Teikenmanne" kaartjie te gebruik gedurende sy persoonlike stiltetyd, en om gereeld te bid vir die mense by naam.
13. Hy moet aangemoedig word en gemotiveer word om by te dra tot die finansiële behoeftes van CBMC d.m.v. 'n debietorder of op enige ander manier.



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LIDMAATSKAP REGISTRASIE

Slegs vir nuwe lede

Van:		Geboortedatum:		
Noemnaam:	Voorletters:	Taal	A	E
Vrou (Noemnaam):		Vrou Geboortedatum:		
Selfoonnommer:		Tel (H):		
Tel (W):				
e-posadres:				
Woonadre:				
Posadres: <i>Indien dit van woonadres verskil.</i>				
	Beroep	Ander kwalifikasies	Gholfspeler	Besigheidsnaam
Self			JA / NEE	
Gade			JA / NEE	
Kinders (name en ouderdomme/geboortejaar)	1.	2.	3.	
4.	5.			

Lidmaatskap is onderhewig aan die ondertekening van die Ondernemingsvorm nadat voorwaardes deeglik deurgelees is.

Epos asseblief na info@cbmc.co.za.

CBMC is verbind tot die **POPI**-wetgewing en hierdie inligting sal daarom slegs gebruik word vir die doel waarvoor dit verkry is.



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ONDERNEMING van CBMC LID

Naam:

Spannaam:

Hiermee aanvaar ek die uitdagings in die bediening van CBMC en onderneem ek in groot afhanklikheid van die Here en na die beste van my vermoë om my verantwoordelikhede as CBMC Lid (sien p1) na te kom en daarvoor aanspreeklik gehou te word.

Ek onderneem verder om die lidmaatskapfooi van R350 te betaal.

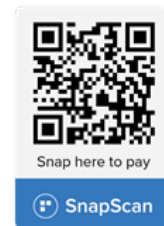
CBMC Bankbesonderhede:

Bank: FNB

Rekeningnommer: 6236 1233 176

Takkode: 250655

Verwysing: Naam & woord "Ledegeld"



Sodra die bedrag vereffen is, sal jy 'n Lidmaatskappakket ontvang.

.....

Handtekening

.....

Datum



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DEBIT ORDER AUTHORITY

A. Authority

Given by (name of account holder)

Address

Bank

Branch and Code

Account Number

Type of Account (**delete that which is not applicable**) Current (Cheque) / Savings / Transmission

Amount

Date

To (name of beneficiary) **CBMC SA**

Abbreviated Name as Registered with the Bank **CBMC**

Beneficiary's Address: **1st Floor, BIBLE HOUSE, 134 EDWARD STREET, BELLVILLE**

This signed Authority and Mandate refers to our contract dated ("the Agreement").

I/We hereby authorise you to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned account at my/our above-mentioned Bank (or any other Bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our

obligations as agreed to in the Agreement and commencing on and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above.

The individual payment instructions so authorised to be issued must be issued and delivered as follows: monthly, bimonthly, three monthly, six monthly, annually, weekly, bi-weekly (**delete that which is not applicable**).

In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day. Furthermore, if there are insufficient funds in my account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account.

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand that details of each withdrawal will be printed on my Bank statement. Such must contain a number, which must be included in the said payment instruction and if provided to me should enable me to identify the Agreement. This number must be added to this form in Section E before the issuing of any payment instruction.

B. Mandate

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally.

C. Cancellation

I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you.

D. Assignment

I/We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

Signed aton this.....day of.....20.....

Signature (as used for operating on the account)

Assisted By

E. Agreement Reference Number

This Agreement reference number is: (office use only)

Epos asb na info@cbmc.co.za