

MEMBER DETAILS

***Please add/ send a photo of each member listed on this document to the church office.**

ADDRESS	POSTAL ADDRESS	
HOME CONTACT NUMBER		
DETAILS	HUSBAND	WIFE
SURNAME		
FULL NAMES		
PREFERRED NAME		
EMAIL		
CELL PHONE NUMBER		
WIFE'S MAIDEN NAME		
DATE OF BIRTH		
ID NUMBER		
MARITAL STATUS (PLEASE MARK WITH AN X)	SINGLE	MARRIED
	DIVORCED	WIDOWED
DATE OF MARRIAGE		
OCCUPATION		
EMPLOYER		
WORK CONTACT NUMBER		

PREVIOUS CONGREGATION DETAILS	NAME OF CONGREGATION:	NAME OF CONGREGATION:
	FROM..... UNTIL.....	FROM..... UNTIL.....

DETAILS OF CHILDREN		
	CHILD 1	CHILD 2
SURNAME		
FULL NAMES		
PREFERRED NAME		
CELL PHONE NUMBER		
DATE OF BIRTH		
SCHOOL		
GRADE IN SCHOOL		
BAPTISM DETAILS (IF APPLICABLE)	PLACE OF BAPTISM:	PLACE OF BAPTISM:
	BAPTISM DATE:	BAPTISM DATE:
PREVIOUS CONGREGATION		

	CHILD 3	CHILD 4
SURNAME		
FULL NAMES		
PREFERRED NAME		
CELL PHONE NUMBER		
DATE OF BIRTH		
SCHOOL		
GRADE IN SCHOOL		
BAPTISM DETAILS (IF APPLICABLE)	PLACE OF BAPTISM:	PLACE OF BAPTISM:
	BAPTISM DATE:	BAPTISM DATE:
PREVIOUS CONGREGATION		

IF YOU WOULD LIKE TO JOIN ANY OF THE FOLLOWING SERVICE GROUPS – YOU ARE WELCOME TO CONTACT THE CHURCH OFFICE FOR MORE DETAILS.

IF YOU ARE ALREADY INVOLVED – YOU DO NOT NEED TO INDICATE IT HERE.

MINISTRIES:	PERSON THAT WOULD LIKE TO JOIN THE GROUP
ACTS	
ADMINISTRATION AND FINANCES	
HOSTING AND WELCOMING	
JUNIOR ACTS	
JUNIOR SUNDAY SCHOOL	
KOINONIA	
MUSIC	
CATERING	
HALL SERVICE (FOR YOUNGER KIDS FROM PRE-SCHOOL TO GRADE 4)	
ACTS OF SERVICE:	
MEALS FOR THE HOMELESS @ THINUS BAKKES SHELTER	
DEGNOS/BOESMANLAND	
SAUYEMWA	
PROJECTS:	
DEEDS OF COMPASSION	
GOLFING DAY	
CHRISTMAS GIFTS	
TENTH MONTH	
VLEISFEES	

PLEASE MARK WITH AN X

1. WOULD YOU LIKE TO JOIN A BIBLE STUDY GROUP YES / NO
2. WOULD YOU LIKE TO RECEIVE THE TEXT OF THE DAY YES / NO

VIA WHATSAPP / SMS

3. WOULD YOU LIKE TO GIVE YOUR THANKSGIVING OFFERING:
 - VIA DEBIT ORDER (PLEASE FILL IN THE ATTACHED FORM)
 - VIA STOP ORDER
 - VIA ELECTRONIC PAYMENT (EFT)
 - BY BRINGING IT WITH WHEN ATTENDING SERVICES

OFFICE USE ONLY			
	<i>WINKERK</i>		<i>DATUM</i>
	<i>DNS GESPREK</i>		
	<i>WHATSAPP</i>		
	<i>MAILCHIMP</i>		
	<i>PREDIKANTE INGELIG</i>		
	<i>KERKRAAD BESLUIT</i>		

Dutch Reformed Church Windhoek East

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PO Box 11316, Windhoek

Email: kantoor@ngkerkwindhoekooos.com



DEBIT ORDER

I, the undersigned, hereby instruct and authorise the Dutch Reformed Church Windhoek East to draw against my account with the below-mentioned bank / credit card / building society, the amount stipulated in this debit order.

DETAILS OF ACCOUNT HOLDER:

SURNAME:

FIRST NAME:

ADDRESS:

TELEPHONE NO: (H) (W)

(C)

DETAILS OF CONTRIBUTION:

THANKSGIVING OFFERING OF N\$..... per month

YEARLY INCREASE: YES / NO

IF YES, BY WHAT PERCENTAGE?.....%

DETAILS OF BANK / BUILDING SOCIETY / CREDIT CARD:

NAME OF BANK/BUILDING SOCIETY:

BRANCH: EIGHT-DIGIT CODE:

ACCOUNT NUMBER:

TYPE OF ACCOUNT: CURRENT SAVINGS

DATE OF FIRST WITHDRAWAL:

.....
SIGNATURE OF ACCOUNT HOLDER

.....
DATE

DEBIETORDER NR.



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DUTCH REFORMED CHURCH WINDHOEK-EAST