

Membership information

(turn over for subscription payment options – please return both pages)

New application	<input type="checkbox"/>	Renewal	<input type="checkbox"/>	HIN membership no. (if a renewal)	<input type="text" value="HIN"/>
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Church name					
Denomination or affiliation					
Church physical address					
Postal address					
Church office telephone			Fax		
Church e-mail*					
Pastor's title (e.g. Pastor, Reverent, etc.)			Pastor's first name		
Pastor's surname			Pastor's cell		
Pastor's email (or that of a friend)*					
Average Sunday services attendance	<i>Morning services</i>			<i>Evening services</i>	
Where did you hear about the High Impact Network?	<i>A friend</i>		<i>My fraternal</i>		<i>My denomination</i>
	<i>Other – please specify</i>				

*An e-mail address is essential for effective communication. If you do not have your own email address or access to the internet you are requested to link with a person who does have this facility, maybe somebody in your church or a nearby church. They can print and pass on communication to you. The High Impact Network may also be able to link you with a local church nearby that can do this for you. Occasional messages will be sent per SMS.

Confirming that our local church desires for lost people to come to Jesus Christ, found people to grow to maturity and for our church to meet significant needs in the community.

Pastor's signature _____ **Date** _____

*Annual subscription includes South African value –added tax. * Annual membership fees not refundable once the voucher has been issued. * High Impact Network terms, conditions and structure subject to change without notice. * This subscription form is valid for the year 2009 only.

<i>Office use only</i>	<i>Referred by:</i>	<i>Tax invoice no:</i>	<i>HIN:</i>
<i>Join date:</i>	<i>Renewal date:</i>	<i>SF updated date:</i>	<i>Admin name:</i>
<i>Voucher no:</i>	<i>Issue date:</i>		

Subscription payment options

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2009 annual subscription: **R1,200** (*One thousand two hundred South African Rand*)

Please select one of the following five payment options

1. Debit order instruction (recommended option)

Please debit my account annually during the month of our membership anniversary on the following day of the month (or first working day thereafter): **2nd** [] **16th** [] **26th** []

Debit order from bank account		OR	Debit order from credit card	
Bank			Cardholder's name	
Branch			Card no.	
Branch no.			Expiry date	
Account name			CVV no.	<i>three digit number on back of card</i>
Account no.			Card type	<i>MasterCard, Visa</i>
Type of account	<i>Savings, Current, Transmission</i>			

I/we hereby request and authorize you to draw against my/our account with the abovementioned bank (or any other bank or branch to which I/we may transfer my/our account) the sum specified above on the annual membership anniversary month on the day selected above. This being the amount necessary for the settlement of the monthly due to you in respect of our agreement dated below. All such withdrawals from my/our account by you shall be treated as though they had been signed by me/us personally. I/we the undersigned "instruct" and authorize your agent Netcash (Pty) Ltd, to draw against my/our account. I/we understand that if bank details have been supplied the withdrawals authorized here will be processed by BankServ. I/we also understand that details of each withdrawal will be printed on my/our statement. I/we agree to pay any banking charges relating to this debit order instruction. This authority may be cancelled by means of giving you thirty days notice in writing, sent by prepaid registered post, but I/we understand that I/we shall not be entitled to any refund of amounts, which you have withdrawn whilst this authority was in force if such amounts were legally owing to you. Assignment: I/We acknowledge that the party hereby authorized to effect the drawing(s) against my/our account may not cede or assign any of its rights and that I/we may not delegate any of my/our obligations in terms of this contract/authority to any third party without prior written consent of the authorized party.

Signed _____ on this _____ day of _____ (month) 200 _____

SIGNATURE AS USED FOR SIGNING CHEQUES OR CREDIT CARD VOUCHERS

Identity Number: _____ Print Name: _____

2. Direct bank deposit or transfer

Bank: **Nedbank** ; Branch: **Business West Rand, Johannesburg, South Africa** ; Name: **Walk Thru the Bible** ; Account: **1286 082 080** ; Branch code: **12 86 05** ; Account type: **Current account** ; Reference: **Your cell number and church name**. Please fax proof of payment to (011)782-3977- HIN Subscription or e-mail to hin@wtb.co.za

3. Credit card

Cardholder's name		Card no.	
Expiry date		CVV no.	<i>three digit number on back of card</i>
		Card type	<i>MasterCard, Visa</i>

Signed _____ on this _____ day of _____ (month) 200 _____

SIGNATURE AS USED FOR SIGNING CREDIT CARD VOUCHERS

Identity Number: _____ Print Name: _____

4. Cheque Please make cheques payable to 'Walk Thru the Bible'.

5. Cash R _____ in cash paid to _____ on _____ (date) *do not mail any cash!*