

Appendix F: Chapter Start Questionnaire

Directions: Please have each person named on the *CBE Chapter Application* fill out a questionnaire. Attach the completed questionnaires to the application. Use extra sheets as needed.

How did you first hear about CBE?

How did you become interested in biblical equality?

How long have you been a Christian?

How would you rate your knowledge of the Bible? (Please check one.)

Less Than Average Average Better Than Average

What do you or your group think are the main issues related to biblical equality?

| | | |
|---|-----------------|--------------------------------|
| Name: | | |
| Address: | | |
| City, State/Province, Country, Post Code: | | |
| Home Telephone: | Work Telephone: | |
| Fax Number: | E-Mail Address: | |
| Church/Denominational Preference: | | |
| Age Group: (please check one.) | 20-35 | 36-50 50+ |

Do you know other people interested in seeing a CBE chapter started? Yes No

Do they represent primarily one denomination or church? Yes No

Have you read any CBE books or articles? (Please list.)

Is there other information such as education, work experience, leadership experience, family and so forth that you would like to share? (Use extra sheets as needed.)

Thank you for giving the CBE office this information. It helps to assist you in getting a chapter started. Thank you for your interest and willingness to become part of this endeavor. May God's guidance and blessing be yours.

Christians for Biblical Equality
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