

MEMBERSHIP APPLICATION

First Name: _____ Last Name: _____

Spouse: _____ How long have you been married: _____

Anniversary: _____ Your Birthday: _____ Your Spouse's: _____

| Children: | Names | Ages | Birthdays |
|-----------|-------|-------|-----------|
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |

Address: _____ City: _____ State: _____

Zip Code: _____ Phone Number: (____) _____ Email: _____

1. How long have you been a Christian?

2. Describe your initial encounter with Christ?

3. Where did you previously attend?

4. What did God call you to accomplish for the Kingdom in the church you previously attended?

5. Did you accomplish it and raise another to take your place?

6. Why do believe God has called you to Victory Christian Fellowship International?

7. What are your spiritual goals for you and your family? How do they tie to the Vision, Mission, Strategy, and Goals of Victory Christian Fellowship International?

8. Who was your Pastor and may we contact him?

9. Do you or members of your family have any special skills, gifts, or talents that may be used in the church? Do you have any specific areas of ministerial interest you would consider serving in?

10. What do you believe to be you spiritual gifting or callings?

11. Do you have any habits or spiritual convictions that would hinder your ability to serve in the Body of Christ? Do you have any legal convictions (criminal record)?

12. Do you have personal preference conducts (drinking, smoking, music, etc.) that you would be unwilling to sacrifice for possible service in future leadership positions?

13. When and how do you intend to complete Victory Foundations 101 and 102?

Signature _____ Date _____

(If you need additional space please use the back of this page)

NOTICE: Incomplete or illegible forms will be returned without further processing. Received By _____ Date _____