



**PARTNERSHIP APPLICATION FORM**  
**FORM: P/ 1**

A Member of the Federation of Christian Churches International

*Church Membership Application Requirements* : Be Born-Again, regularly attend *Victory Faith Church Int.* for approximately six months or having completed the **New Believers Course** and **Basic Concepts Course** offered by this Local Church. Read and Adhere in good faith, to the attached Mission Statement of *Victory Faith Church Int.*, and complete the Partnership Form P/1& P/ 2.

**FOR OFFICE USE ONLY**  
Partner Number: \_\_\_\_\_  
Zone Number: \_\_\_\_\_

**PERSONAL**

Title: \_\_\_\_\_ Initials: \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_  
S.A.I.D. No.: \_\_\_\_\_ Date of Birth : \_\_\_\_\_  
Name : \_\_\_\_\_  
Surname : \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
\_\_\_\_\_ Suburb : \_\_\_\_\_ Town : \_\_\_\_\_

If the postal address is the same as the Residential address you need not fill in the postal address

Postal Address : \_\_\_\_\_ Town: \_\_\_\_\_  
Province : \_\_\_\_\_ Postal Code : \_\_\_\_\_  
Telephone No. : (w) \_\_\_\_\_ code \_\_\_\_\_ (h) \_\_\_\_\_ code \_\_\_\_\_  
Cell : \_\_\_\_\_ Fax : \_\_\_\_\_ E-mail : \_\_\_\_\_

**Education:** Which Certificates, Diplomas, or Degrees, do you have? \_\_\_\_\_

**What is your profession?** \_\_\_\_\_ **Profession code:** \_\_\_\_\_  
In what industry? \_\_\_\_\_

**Ministerial Gifts:** What Ministerial training/courses have you completed and where? \_\_\_\_\_

**What is Your Passion?** \_\_\_\_\_  
What practical Skills do you have? \_\_\_\_\_  
What Hobbies, sports and recreation activities do you enjoy? \_\_\_\_\_

**SPOUSE** (Please fill in ,if and where applicable)

**Spouse's Name:** (Mr/Mrs/Miss) \_\_\_\_\_  
Does he/she attend V.F.B.C.? \_\_\_\_\_  
S.A.ID No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Education:** Which Certificates, Diplomas, or Degrees, does he/she have? \_\_\_\_\_

**Spouse's profession?** \_\_\_\_\_ **Profession code :** \_\_\_\_\_  
In what industry? \_\_\_\_\_

**Ministerial Gifts:** What Ministerial training/courses has he/she completed and where? \_\_\_\_\_

**What is his/her Passion?** \_\_\_\_\_  
What practical Skills does he/she have? \_\_\_\_\_  
What Hobbies, sports and recreation activities does he/she enjoy? \_\_\_\_\_

His/her Telephone No.: (w) \_\_\_\_\_ code \_\_\_\_\_ (h) \_\_\_\_\_ code: \_\_\_\_\_  
Cell : \_\_\_\_\_ Fax : \_\_\_\_\_ E-mail : \_\_\_\_\_

**CHILDREN**

**Children under the age of eighteen :** (children over eighteen to complete they own forms).

**Child 1 Name :** \_\_\_\_\_  
Does this child attend V.F.B.C. : \_\_\_\_\_ S.A. I.D.No.: \_\_\_\_\_ Date of Birth : \_\_\_\_\_  
**Child 2 Name :** \_\_\_\_\_  
Does this child attend V.F.B.C. : \_\_\_\_\_ S.A. I.D.No. : \_\_\_\_\_ Date of Birth : \_\_\_\_\_  
**Child 3 Name :** \_\_\_\_\_  
Does this child attend V.F.B.C. : \_\_\_\_\_ S.A. I.D.No. : \_\_\_\_\_ Date of Birth : \_\_\_\_\_



**PARTNERSHIP APPLICATION FORM**  
**FORM: P/ 2**

Please read each question and fill in this form, honestly, by printing and marking each answer, where applicable. All information will be held with the highest level of confidentiality.

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| • Have you received the Lord Jesus Christ as Lord and personal Saviour , by confessing His Name? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you been baptised in water by full submersion?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you been baptised in the Holy Spirit with the evidence of speaking in other tongues?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you speak in Tongues?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you ever been or are you involved in any occult practise, a Cult or other Religions?   |                          |                          |
| • If so please state which, and when.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you any homosexual or paedophiliac tendencies?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are you currently a Member of another Church or Ministry before Today, and have you resigned your Membership?.....                                | <input type="checkbox"/> | <input type="checkbox"/> |
| • If yes to the above question, state the Name of the Church or Organization, the Pastor’s Name and the reason for Terminating Your Membership..... |                          |                          |

*N.B: If applicable, please attach a Letter of Resignation from your previous Pastor.*

- |  |                          |                          |
|--|--------------------------|--------------------------|
| • Are you married in a Heterosexual relationship?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Would you describe your marriage as healthy?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| • If married, does your spouse agree and approve of your application to become a Member of Victory Faith Church Int?.....        | <input type="checkbox"/> | <input type="checkbox"/> |
| • If unmarried, are you living together with a member of the opposite sex as a married couple would?.....                        | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you recognise and submit to the Pastoral structure and the levels of spiritual leadership of Victory Faith Church Int?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you accept the Vision and Mission of Victory Faith Church?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are you a Member of a Connection Group/H.C. of Victory Faith Church Int.?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you accept Victory Faith Church Int. as the storehouse for your Tithes and Offerings, according to Malachi 3:8-11?.....     | <input type="checkbox"/> | <input type="checkbox"/> |
| • Describe briefly, your reasons for applying to be a member of Victory Faith Church Int. ....                                   |                          |                          |

“I/We hereby submit to the Spiritual authority of Victory Faith Church International, and apply for it’s church membership. I acknowledge the Holy Bible as the Word of God preached by this Ministry, to be final authority and yard stick in the event that discipline should be exercised over me. I understand that this declaration is for my protection as well as the protection of this local congregation. I/we have read the attached “**Statement of Faith** “ and agree with it and undertake to abide by the terms thereof. Victory Faith Church is indemnified against any claim which may arise out of any counselling or assistance given by it’s pastors , employee or voluntary worker. Such advice , counselling or assistance given by it’s Pastors in good faith and consequently the Church shall not be held responsible for any loss or damage that any person may suffer as a result thereof. The Church shall not be responsible for any loss , damage or injury suffered by any person or his/her family or invitee on the Church or any of its staff or voluntary shall not in any circumstance be used as the basis for any claim for damages, howsoever arising , by the signatories against the Church.”

**I hereby Sign this application in good faith and a Clear Conscious, that all the above is right, to all my present Knowledge.**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Partner’s Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date approved**

\_\_\_\_\_  
**Pastor’s Name**

\_\_\_\_\_  
**Signature of Approval**

*After completing these two forms, please return them to us, for the evaluation of your Application, for Church Membership.*