



Victory Fellowship of Ministers  
And Churches International  
(VFMCI)

Church/Ministry  
**AFFILIATION  
APPLICATION**

Mailing Address: VFMCI  
P o Box 38796  
Lusaka, Zambia

E-Mail: [yfmcinternational@gmail.com](mailto:yfmcinternational@gmail.com)

Phone Number: (+260) 977 716555

Web:

# Victory Fellowship of Ministers & Churches International

## Application For Church / Ministry Affiliation

*(Please type or print)*

Date of Application \_\_\_\_\_

Ministry Name \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Web-site \_\_\_\_\_

### Physical address

Street Address: \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

Country \_\_\_\_\_

### Mailing address (if different from physical address)

PO Box: \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

Country \_\_\_\_\_

Minister's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ E-mail \_\_\_\_\_

Church/Ministry Treasurer \_\_\_\_\_

Church/Ministry Secretary \_\_\_\_\_

Is the Church/Ministry incorporated? \_\_\_\_\_ Date of Incorporation (M/D/Y) \_\_\_/\_\_\_/\_\_\_\_\_

Where? \_\_\_\_\_

Do you have a Church Constitution/Governing Guidelines? \_\_\_\_\_

By-Laws/Sacred Articles?  Statement of Faith?

Does your Church/Ministry keep a record of finances and minutes? \_\_\_\_\_

If not, will you do so? \_\_\_\_\_

Do you have a church/ministry membership listing? \_\_\_\_\_ Current number of members \_\_\_\_\_

Average attendance \_\_\_\_\_

Does your church/ministry apply to come under the tax exemption? \_\_\_\_\_

Have you received, read and understand the governing guidelines and Policy Manual? \_\_\_\_\_

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### STATEMENT OF AUTONOMY

“This affiliated Church/Ministry is and always shall remain solely an autonomous entity with which Victory Fellowship of Ministers and Churches International (VFMCI) may work harmoniously, promoting the work and objectives set forth in its governing guidelines. VFMCI shall not have nor ever attempt to exercise a single attribute of power or authority over any Church/Ministry, or over its messengers, to in any way limit, interfere with, diminish or otherwise affect the autonomy of the church/ministry but shall recognize the autonomy of the church/ministry under one Sovereign, the Lord Jesus Christ.”

Are you in agreement with this Statement of Autonomy? Yes  \_\_\_ (initial)

Do you agree to adhere to the requirements set forth in the governing guidelines?

Yes  \_\_\_\_\_ (please initial)

Will you be an active participant in this Fellowship? Yes  \_\_\_\_\_ (please initial)

Sr. Pastor/Minister \_\_\_\_\_ Secretary/Presbyter \_\_\_\_\_  
(Signature) (Signature)

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### CURRENT VFMCI MEMBER RECOMMENDING YOUR CHURCH MINISTRY FOR AFFILIATION:

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

(\*\*VFMCI RECOMMENDING PASTOR MUST SIGN THIS APPLICATION BEFORE IT CAN BE PROCESSED\*\*)

# Victory Fellowship of Ministers & Churches International

## CONDITION OF MEMBERSHIP

The undersigned, as an applicant for affiliation with VICTORY FELLOWSHIP OF MINISTERS AND CHURCHES INTERNATIONAL, acknowledges and agrees that VICTORY FELLOWSHIP OF MINISTERS AND CHURCHES has no fiduciary or legal responsibility for the ministry and work of the individual ministers and churches who become affiliated with the Fellowship and that neither of its directors, officers, agents or employees shall be in any way be responsible or liable for the actions of the affiliated members. Furthermore, neither Victory Ministries International, its directors, officers, agents or employees shall be in any way be responsible or liable for the actions of the members of VICTORY FELLOWSHIP OF MINISTERS AND CHURCHES.

The undersigned acknowledges and agrees that the applicant will obtain liability insurance coverage, or will be self-insured, to cover the acts of the applicant, its officers, directors, trustees, employees or agents in conducting the day to day ministry, business and activities of the applicant. Applicant agrees to hold VICTORY FELLOWSHIP OF MINISTERS AND CHURCHES INTERNATIONAL harmless from and against any and all claims or actions asserted against or arising out of the day-to-day ministry, business and activities of the applicant.

\_\_\_\_\_  
Signature of Applicant

Date: \_\_\_\_\_

Print name of signatory: \_\_\_\_\_

Position: \_\_\_\_\_

# Victory Fellowship Of Ministers And Churches International

## Statement of Purpose

VFMCI was established to provide spiritual covering, pastoral care, mutual accountability, ministry resource and fellowship for its credential holders, affiliated churches and ministries, which ascribe to the vision and mission of the fellowship. We also purpose to fellowship with all Pastors, Missionaries, Leaders, Churches and Ministries who manifest the Spirit of Christ and to encourage and edify the body of Christ.

## Mission Statement

The mission of VFMCI is to be a fellowship of people who have purposed to be faithful in supporting and stimulating one another to glorify God the Father and His Son, Jesus Christ and to obey Christ's mandate to preach the Gospel and to make disciples of all nations. To this end we are committed to serving and equipping our Members in carrying out their respective missions. To ordain qualified ministers of the Gospel and license qualified local church elders and leaders in the body of Christ. To be a covering for local churches and fivefold ministers and ministries who decide to AFFILIATE with VFMCI.

# VFMCI Application Requirements

In order to facilitate your application, it is extremely important that you submit the application with all the requirements, completed forms and documents. Please use the checklist to help you do this.

X off the enclosed items:

- Copy of Certificate of Registration
- Copy of Church/Ministry Constitution
- Recommendation From VFMCI Member
- Completed Affiliation Application
- Application Fee K200
- 2 Recent photos (2" x 2"; passport photo)
- Pastor/Church Official Recommendation
- Copies of Ministerial Training Certificates

Affiliation approved this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

VFMCI Director/Administrator: \_\_\_\_\_

*You are advised to take time to read through the Governing Guidelines and & Policies for VFMCI before you submit your application*



