

# VFMCI MEMBERSHIP RENEWAL

VFMCI credentials are only valid with current VFMCI membership.  
Ministers with VFMCI credentials must maintain *active* membership with the Fellowship to keep the Credentials valid.

**Check or money order should be made out to Victory Ministries and mailed to: Plot 6871, Off Chiwala Road, CBU East Gate, Kitwe, Zambia**

**Or you may pay through Mobile Money on the following numbers; MTN 0763232222, Airtel Money 0977 716555**

**Please complete all contact info. Print legibly!!**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Postal Code** \_\_\_\_\_

**Country** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Business Phone** \_\_\_\_\_ **E-Mail address** \_\_\_\_\_

**Current Credentials held if any, (please circle one):** \_\_\_\_\_ **Licensed** \_\_\_\_\_ **Ordained** \_\_\_\_\_

## Ministry Information:

**Name of Ministry:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_ **Website:** \_\_\_\_\_

**Comments/suggestions:** \_\_\_\_\_

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**FOR OFFICE USE ONLY**  
Receipt No. \_\_\_\_\_ New card No: \_\_\_\_\_ Database: \_\_\_\_\_ Date of Renewal: \_\_\_\_\_

# MINISTERS' INFORMATION SHEET

## **PERSONAL INFORMATION** (complete all that is applicable):

Please print or type

Name: (include maiden name) \_\_\_\_\_ Last year at VUC: \_\_\_\_\_

Your birthdate: \_\_\_\_\_

Spouse: (include maiden name) \_\_\_\_\_ Last year at VUC: \_\_\_\_\_

Spouse's birthdate: \_\_\_\_\_

Current address: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Office/business phone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Web site: \_\_\_\_\_

Permanent address and phone: \_\_\_\_\_

National Citizenship: \_\_\_\_\_

Children's names and birthdates: \_\_\_\_\_

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## **MINISTRY INFORMATION:** (Please complete even if nothing has changed)

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

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

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_ Web site: \_\_\_\_\_

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

I am willing to serve as a VFMCI Regional Representative: (Yes) or (No) \_\_\_\_\_

I desire a VFMCI meeting/leadership training in my area: (Yes) or (No)

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**I give you permission to publish my name or ministry information in any VFMCI-related publications. (eg. VFMCI News letter)**

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*How can the VFMCI help you more?*

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