



# **Victory Fellowship of Ministers And Churches International**

## REINSTATEMENT OF MEMBERSHIP & CREDENTIALS APPLICATION

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# VICTORY FELLOWSHIP OF MINISTERS AND CHURCHES INTERNATIONAL

## REINSTATEMENT OF MEMBERSHIP AND CREDENTIALS.

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province \_\_\_\_\_

Phone (Office): \_\_\_\_\_ (Home): \_\_\_\_\_

E-Mail: \_\_\_\_\_ Cell: \_\_\_\_\_

Credentials previously held (Mark with an X):  LICENSE  ORDINATION

**(You MUST type your answers)**

**Every applicant who desires to reinstate ministerial credentials must complete this questionnaire.**

1) I am requesting to have my membership and credentials reinstated for the following reason(s):

.....  
.....  
.....

2) What ministry or organization are you currently actively involved with?

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province \_\_\_\_\_

Phone: \_\_\_\_\_ Person in charge: \_\_\_\_\_

3) Please state the vision of the ministry with which you are involved.....

.....  
.....

4) Describe the ministry activities in which you are currently involved.....

.....

How long have you been involved? .....

What results have you seen?.....

.....

5) How many hours are you involved with ministry weekly (average)?.....

6) Are the activities in which you currently are involved voluntary or do you receive remuneration?

.....

7.) Give references of two persons to whom you are accountable, and whom you have known for at least six months (give complete contact information such as name, position, address, phone numbers, e-mail etc.).

a) Name.....Position.....Address.....

Phone No. (Home).....Cell.....Office.....

Email:.....

b) Name.....Position.....Address.....

Phone No. (Home).....Cell.....Office.....

Email:.....

**Submitting and signing this application indicates that you agree with our purpose and statement of faith and policies and that you intend to do your best to be an active, supporting member of the Fellowship. You agree to servant leadership while demonstrating personal integrity, moral purity, financial responsibility and ethical standards of Christian conduct. Furthermore you agree that should you withdraw from the VFMCI, fail to renew membership or have your membership removed for just cause, you will return your VFMCI wallet-sized ID card, Membership Certificate and “Certificate of License To Preach” or “Certificate of Ordination” to the VFMCI office within 30 days of request to do so.**

**Applicant’s Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

Make certain the following are included with your **completed, signed application:**

- **K500 Annual Membership Fee**
  - **K 200 Application and Re-activation of Credentials fee**
    - **A RECENT PHOTOGRAPH (min. 1 ½” x 2”)**
- if more than 3 years since originally receiving credentials.**

*{You are advised to take time to read through the Governing Guidelines and Policy Manual for VFMCI before you submit your application}*