Church Membership Application Form

Welcome to the Miracle Life Family Church Membership Class Application Process! You are about to make an important decision concerning your church family. In order for us to help you through the membership process, PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE COMPLETING THE APPLICATION FORM.

MLFC Membership Classes are scheduled three times a year. The next membership class is on Saturday, 23 May, 2020 from 09:00 - 12:00 Hours. On the day of the class, please register and be seated in Auditorium by 08:45 Hrs.

THE APPLICATION FORM

1. Please complete all information in the Application Form. Incomplete Application Forms will not be processed. This means that you will have to re-submit your application in our next intake and will not be able to attend the upcoming class.

2. Attachments required:
   ■ If you have been a member of another Bible believing church within Lusaka and wish to join us, please provide a letter of release from the Pastor along with your application form. If you cannot provide one, please hold off your application until you can obtain one.
   ■ Please include a passport sized photograph of yourself and family members who are applying for membership. Having a picture will aid Pastors and Leadership to get to know you. Please write the appropriate name at the back of the picture.

3. Please submit your completed form at the Church Reception during the week between 08:00 and 17:00 Hours or on Sundays at the School for Life table in the Foyer. Deadline for submission of applications is Wednesday, 29 April, 2020 by 17:00 Hours. Any applications received after this date will be deferred to the next Membership Class.

4. The Class list will be available on the MLFC website www.mlfc.org as well as the church notice board outside the Bookshop on Thursday, May 14, 2020. You will also receive a text message stating that your application has been APPROVED. Only those names that have been approved will appear on the register for the Membership Class on Saturday, May 23, 2020.

*If your application has been approved & you miss the class, you will be deferred to the next class. However, should you miss that class as well, you will have to re-apply.

Note: kindly note that you are not permitted to bring babies, toddlers and young children to the class. This is because we do not have childcare facilities for them. Please make alternative arrangements for them while you attend Class. Non-compliance will lead to you being turned away from the class.

** Please take note that anyone who comes after 09:10 HOURS will NOT be able to attend the class.
WRITE IN CAPITAL LETTERS

Date: _________________

Applying for: □ Regular Membership
□ Associate Membership (short term residence in Lusaka)

Applying for: □ Family
□ Individual (aged 18 and over)

HOUSEHOLD INFORMATION
(If married couple is applying together, please place husband’s information here and spouse’s information below)

Applicant’s Surname: _________________________ Other Names: _______________________________

Mailing Address: ________________________________________________________________________

Physical Address: _______________________________________________________________________ 

City/Township: ____________________________ Phone (Cell): ________________________________

Phone (Work): ____________________________ Phone (Home): ________________________________

E-mail Address: ____________________________ Date of Birth: ________________________________

Occupation: ________________________________ Place of Employment: ________________________

Sex: □ Male □ Female Nationality: ____________________________________________________________

Marital Status:
□ Married Date of Anniversary: ________________________________
□ Separated □ Single
□ Widowed □ Engaged
□ Divorced

SPOUSE’S INFORMATION
(If married, please fill out, whether your spouse is applying for membership or not, and if separated please still include your spouse’s details as you are still legally married)

Is your spouse applying for membership with you? □ Yes □ No

Spouse’s Surname: _________________________ Other Names: _______________________________

Phone (Work): ____________________________ Phone (Cell): ________________________________

E-mail Address: ____________________________ Date of Birth: ________________________________

Occupation: ________________________________ Place of Employment: ________________________

Sex: □ Male □ Female Nationality: ____________________________________________________________
Children’s Names (only list those under 18 years who will be included in your membership and provide their passport sized photos)

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<thead>
<tr>
<th>NAME</th>
<th>GENDER</th>
<th>AGE</th>
<th>BIRTHDAY</th>
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How long have you lived in the Lusaka area? ___________________________________________________________

State the month, date and year that you first visited Miracle Life Family Church ___________________

Have you attended Church service for at least three (3) Months? _________________________________________

How were you introduced to Miracle Life Family Church (MLFC)? _______________________________________

List the names of churches that you have been a part of before coming to MLFC beginning with the church you first attended. A letter of release is required if you have been a member of another church within Lusaka. Complete information below as follows: name(s) of church/denomination, length of attendance and your reason for leaving.

<table>
<thead>
<tr>
<th>Name of Church/ Denomination</th>
<th>Length of Time you were there</th>
<th>Reason for Leaving</th>
<th>Were you a member? Yes or No</th>
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Please Give an Approximation of When You Got Born Again as Well as A Brief Explanation of How You Got Saved.

Applicant: Salvation Date ______________________
Briefly State how you got saved:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Spouse: Salvation Date ______________________
Briefly State how you got saved:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

If you died tonight where would you go? Applicant: ______________ Spouse: ______________

If you died tonight and stood before God and He asked you, “Why should I let you into heaven?” What would you say?
Applicant:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Spouse:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
Have all those in your family who are seeking membership received Christ?  □ Yes  □ No
If not, to your knowledge, who has not yet received Christ? _______________________________________

Have you been baptised in water by immersion?  □ Yes  □ No  Approx. Date ___________
  Spouse?  □ Yes  □ No  Approx. Date ___________
  Children? □ Yes  □ No  Approx. Date ___________

Have you received the baptism in the Holy Spirit by faith, with the evidence of speaking in other tongues?
  Applicant: □ Yes  □ No  Approx. Date ___________
  Spouse: □ Yes  □ No  Approx. Date ___________
  Children: □ Yes  □ No  Approx. Date ___________

Do you believe in the principle of the tithe and offering: are you willing to faithfully support the ministry of this church with your prayers, dedication, and finance as God enables and directs you?
  □ Yes  □ No  Spouse □ Yes  □ No

Why do you feel that you want to enter into a “family” relationship with this church body?
  Applicant:  __________________________________________________________
  _____________________________________________________________________
  _____________________________________________________________________
  Spouse:  __________________________________________________________
  _____________________________________________________________________
  _____________________________________________________________________

Do you share and embrace in the MLFC mission of “Sharing Christ, Maturing Believers, Changing the World”?  
  □ Yes  □ No  Spouse  □ Yes  □ No  □

What gifts, talents, and abilities do you feel you are willing to contribute to this church?
  Applicant:  __________________________________________________________
  _____________________________________________________________________
  _____________________________________________________________________
  Spouse:  __________________________________________________________
  _____________________________________________________________________
  _____________________________________________________________________

STOP AND REVIEW

*PLEASE READ THROUGH YOUR FORM TO ENSURE THAT YOU HAVE RESPONDED TO ALL THE QUESTIONS AS INCOMPLETE APPLICATION FORMS WILL NOT BE PROCESSED.