



# 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, 4 July, 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, 10 June, 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](http://www.mlfc.org) as well as the church notice board outside the Bookshop on **Thursday, 25 June, 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, July 4, 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)

PASSPORT  
SIZED PHOTO

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

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

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)

NAME	GENDER	AGE	BIRTHDAY

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.

	Name of Church/ Denomination	Length of Time you were there		Reason for Leaving	Were you a member? Yes or No
		From:	To:		
1.					
2.					
3.					

**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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Approx. Date _____
Spouse?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Approx. Date _____
Children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Approx. Date _____

Have you received the baptism in the Holy Spirit by faith, with the evidence of speaking in other tongues?

Applicant:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Approx. Date _____
Spouse:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Approx. Date _____
Children:	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.**