

MEMBERSHIP APPLICATION FORM

ABOUT THIS APPLICATION

The Evangelical Fellowship of Zimbabwe and its affiliation is based on building relationship. We would therefore like to get to know you and the denomination and/ or organization you represent in order to serve you better.

Please complete this form as best you can, as clearly and completely as possible. Membership application is done at Provincial level and if you have any questions, please feel free to contact the Provincial Leadership or the national office on the contact details provided below. Before completing this application, please note that the form is organized in sections. *Section A is for Denominations only; Section B is for Para-churches; and Section C is for ALL applicants*.

EFZ Vision

An Alliance of Evangelicals impacting the nation by obeying the Great Commission.

Mission

To mobilize, empower and network Evangelicals for the accomplishment of the Great Commission in Zimbabwe.

Values

- Missional in orientation
- Unity in diversity
- Integrity in stewardship
- Christo-centric in nature
- Biblical in stance
- Collaborative in execution
- Non-partisan in politics

SECTION A: FOR DENOMINATIONS ONLY

1. PERSONAL INFORMATION

Name of Head of Denomination: Rev/Pastor/Bishop/Mr./Mrs.	
Marital Status (tick appropriate):	Single/ Married/ Divorced
Spouse's Name:	
Nationality:	
2 Maitland Avenue Arcadia Harare Zimbabwe	

2 Maitland Avenue, Arcadia, Harare, Zimbabwe www.efzimbabwe.org Tel: +263 242 772 234-5/ +263 774 136 567

Date of Birth:	Day/ Month/ Year/
Province:	
Home Address:	
Phone Number:	+00 Email:

Primary Ministry gifting/calling: (*Tick all applicable*): Apostolic/ Prophetic/ Evangelistic/ Pastoral/ Teaching/ Training/ Equipping/ Worship/ Administration/ Prayer/Intercession/ Helps/ Other

2. EDUCATION & BACKGROUND

Does HOD have formal theological training? (Tick applicable)	Yes/ No
If Yes, please indicate name of training college	
Was the HOD ordained?	Yes/No
Which church did the HOD belong to before starting own church?	

3. DENOMINATION INFORMATION

Name of Denor	nination:		••••••
Contact Addres	S:		
Name of Conta	ct Person (not HOD)		
Phone:	+00	Email:	
Website:			
When was Denc	omination Founded?	Year:	
How Many Past	ors do you have?		
How many bran	ches do you have nationally?		
How many bran	ches do you have outside of Zim	nbabwe? (Please include name of countrie	es)
What is your to	tal membership? Nation	ally:Outside Zimbabwe:	
Does your deno	mination have a bible college? (Tick applicable)	Yes/ No
If Yes, please in	dicate its name:		
Bible College Lo	cation:		
Does your deno	mination have any hospitals or c	clinics? (Tick applicable)	Yes/ No
Does your deno	mination have any schools (non-	-bible schools)? (Tick applicable)	Yes/ No
www.efzimbaby	nue, Arcadia, Harare, Zimbabwe <u>we.org</u> 72 234-5/ +263 774 136 567		

Does your denomination have adequate facilities to cater for members living with di <i>applicable</i>)	sability? (Tick Yes/ No
Does your denomination have a church constitution	Yes/No
(Please attach the constitution to the application form)	

SECTION B: FOR PARA-CHURCH ORGANIZATIONS ONLY

Name of Para-church organization:		
Name of Para-church organization Four	nder or Director:	
Address:		
Year of establishment:		
Focus of organization:		
Contact Person Name:		
Phone:	Email:	
Website:		
Are you affiliated to a denomination? (Tick applicable)	Yes/ No
If yes, please indicate name of denomin	nation:	

SECTION C: FOR ALL APPLICANTS

<u>Before completing this section, please read and understand the EFZ constitution attached herein or</u> <u>refer to our website on www.efzimbabwe.org</u>

Do you agree with the EFZ faith statement?

Yes/No

Why do you want to become a member of EFZ? (*Write in the space below*)

***Upon completion, please forward this application together with your constitution to <u>efz@africaonline.co.zw</u> or physically deliver at your provincial offices. Please ensure that two (2) present and paid up EFZ members who know you well have directly submitted to us their completed and stamped (Church stamp) recommendation forms. ***

Thank you for the interest in joining the Evangelical Fellowship of Zimbabwe. We look forward to a healthy and enriching relationship. You will be contacted for a follow up meeting in due course.

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RECOMMENDATION FORM

As a trusted member of the Evangelical Fellowship of Zimbabwe, please help us make an informed decision on the applicant by filling out this recommendation form.

Name of Refere	ee (Rev/Pastor/Bishop/Mr/Mrs):
Referee's Deno	mination:
Denomination	Address:
Phone:	+00 Email:
How long have	you known the applicant?
Do you think th	e applicant will fit well within the EFZ family and its values? (<i>Tick applicable)</i> Yes/ No
Please briefly q	ualify your answer in the space provided below:
Do you unreser	vedly recommend this person to be a member of Evangelical Fellowship of Zimbabwe? <i>Yes/ No</i>
Any Other Com	ment:
Date:	Signature:
Church Stamp	