

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 Denomination:

Contact Address:

Name of Contact Person (not HOD)

Phone: +00..... **Email:**

Website:

When was Denomination Founded? Year:

How Many Pastors do you have?

How many branches do you have nationally?

How many branches do you have outside of Zimbabwe? *(Please include name of countries)*
.....

What is your total membership? *Nationally:* *Outside Zimbabwe:*

Does your denomination have a bible college? *(Tick applicable)* Yes/ No

If Yes, please indicate its name:

Bible College Location:

Does your denomination have any hospitals or clinics? *(Tick applicable)* Yes/ No

Does your denomination have any schools (non-bible schools)? *(Tick applicable)* Yes/ No

2 Maitland Avenue, Arcadia, Harare, Zimbabwe

www.efzimbabwe.org

Tel: +263 242 772 234-5/ +263 774 136 567

Does your denomination have adequate facilities to cater for members living with disability? *(Tick applicable)* 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 Founder 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 denomination:

SECTION C: FOR ALL APPLICANTS

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

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 efz@africaonline.co.zw 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 Referee (Rev/Pastor/Bishop/Mr/Mrs):

Referee's Denomination:

Denomination Address:

Phone: +00..... **Email:**

How long have you known the applicant?

Do you think the applicant will fit well within the EFZ family and its values? *(Tick applicable)*
Yes/ No

Please briefly qualify your answer in the space provided below:

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

Do you unreservedly recommend this person to be a member of Evangelical Fellowship of Zimbabwe?
Yes/ No

Any Other Comment: _____

Date: _____ **Signature:** _____

Church Stamp