

V.C.C.M. Vision Christian Churches & Ministries

P.O. Box 121064, Clermont, FL 34712 USA, Phone: 352-243-2297

Please return this application along with the appropriate membership fee and a recent wallet size photograph. An incomplete application cannot be processed. Please make all checks payable to V.C.C.M. International.

Please
Attach
Photograph
Here

Membership Application

Date _____

Applying For:

Worker's License Ministry Licensing Ministry Ordination Church/Ministry Affiliation

Name _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

Email Address _____

Birth Date _____ Social Security No. or EIN No. _____

Marital Status: Single _____ Married _____ Divorced _____ Re-Married _____ Spouse's Name _____

Children: Names and Birth Dates _____

Employment (Present) _____

Education: High School _____ College/University _____ Bible College _____ Other _____

List Degrees (if any) and granting institution _____

Name & Explanation of Present Ministry _____

Is the Ministry incorporated? Yes _____ No _____

Are you presently full-time (receiving 51% of your income from your ministry)? Yes _____ No _____

Ministerial History: Briefly describe your ministry (churches served etc.) to date. Please include the places, dates, and your involvement with each one on a separate and attached sheet of paper.

Church Membership: Are you presently a member of a church? Yes _____ No _____

Church _____ Phone _____ Senior Pastor's Name _____

Address _____ City _____ State _____ Zip _____

Do you understand that you must renew your membership each year in order to validate your credentials?
Yes _____ No _____

Do you agree with the Tenets of Faith of V.C.C.M.? Yes _____ No _____

You must attach the following:

- A photo of yourself
- A photo of your Church/Ministry Office(s), if applying for Church/Ministry Affiliation
- A copy of degrees or diplomas or transcripts
- A copy of any past/current ministerial credentials if any

Please have the following letters of recommendation sent to V.C.C.M. office:

- From your Pastor
- From another Minister
- From a Businessman

Doctrinal Statement: Please use a separate paper to answer the following questions. Typed answers are preferred. Include scripture references in your answers.

1. Explain your doctrinal stand on the Inspiration of the Scriptures.
2. What is your doctrinal view of the Trinity?
3. What do you believe are the requirements for one's Salvation?
4. Explain your doctrinal stand on Water Baptism.
5. Explain your doctrinal stand on The Lord's Supper.
6. Explain your doctrinal stand on the Baptism of the Holy Spirit.
7. Explain your doctrinal stand on Divine Healing.
8. Explain your doctrinal stand on the Doctrine of Resurrection.
9. Write a brief paragraph concerning your ministry. (Include information on current undertakings and future Goals/Plans).

Your Signature _____ Date _____

Membership Application, requested Attachments, and Fee must accompany this application.

Please make checks payable to Vision Christian Church Ministries (V.C.C.M.).

An annual ministry and financial report is required of all Church/Ministry Affiliation Members.

<input type="checkbox"/> Worker's License	-	\$75.00 annually + \$50.00 one time application fee.
<input type="checkbox"/> Ministry License	-	\$100.00 annually + \$75.00 one time application fee.
<input type="checkbox"/> Ministry Ordination	-	\$125.00 annually + \$100.00 one time application fee.
<input type="checkbox"/> Church Ministry/Affiliation	-	\$150.00 annually + \$125.00 one time application fee.

Vision Christian Church Ministries is a subsidiary of Vision Christian Bible College & Seminary Inc. Clermont, FL