

# Vision Fellowship of Churches

*Where there is no vision, the people perish: but he that keepeth the law, happy is he. Proverbs 29:18*

## Vision Fellowship Membership Form

*Please Print*

Name:	Title:
Spouse's Name:	Title:
Organization/Church Name:	
Address:	
City:	State:
Zip/Postal Code:	Country:
Work Phone:	Home Phone:
Mobile Number:	Email Address:
Website/URL:	Fax:
Church Membership:	Avg. Sunday Attendance:
Years Church has been established:	
Pastor's Birthday:	Spouse's Birthday:
Wedding Anniversary:	Pastor's Anniversary:
Size of Church Staff:	Size of Leadership Staff:
Denominational Affiliation:	
Church Tax Exemption: Yes _____ No _____	
Contact Person/Admin. Assistant:	Title:
Church Office Number:	Office Hours:
Email Address:	Fax:

*Mail to: Vision Fellowship of Churches, Attn.: Ms. Lula Lott, P.O. Box 154142, Irving, Texas 75015*