

# CHRIST COVENANT COALITION

Joseph Mattera: Director

## Membership Application

This Christ Covenant Coalition (CCC) membership application should be completed and submitted only by those individuals who have a heart for building Kingdom Partnerships with likeminded leaders. You must be a Leader in a Church, Ministry, parachurch organization or Marketplace leader who has a to serve with other leaders committed to the Cultural Mandate of Genesis 1:28

CCC is a “Family of Leaders and Networks doing life together while Advancing the Kingdom of God”. It has been formed to connect the wisdom and resources of its members so that each member can function more strategically, combine their efforts nationally, and effectively accelerate the advancement of the Kingdom of God into every sphere of society.

**Spouses:** Membership in CCC is as individuals only, not as married couples. Spouses are encouraged to accompany members to any and all CCC functions. In cases where both husband and wife desire Membership then separate applications should be filed.

### Part 1 - Personal Information Please print legibly or type

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ - \_\_\_\_\_ Mobile: \_\_\_\_\_ Office: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_ Spouse's Name: \_\_\_\_\_

Have you been Nominated by a USCAL Member: Y \_\_\_ N\_\_\_

If Yes, what is their name: \_\_\_\_\_

### Part 2 – Ministry/Network Information Please print legibly or type - in English only.

Name of your ministry/network/business:

Your Position: \_\_\_\_\_ You will explain how you function as an Apostolic Leader in Part 3

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

1. Where do you want your CCC communications sent to? Personal \_\_\_ Ministry \_\_\_

2. Which information do you want to use for the membership directory? Personal \_\_\_ Ministry \_\_\_

*Submit your best contact information for directory listing for other members to contact you.*

**Affirmation:** I am in substantial agreement with its Mission, Goals and Purposes of CCC and its statement of faith.

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Part 3 – Your Leadership Role

#### 1. Explain how you function as a Leader:

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#### 2. Provide the name of a person with knowledge of your ministry, to whom you are personally accountable:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ - \_\_\_\_\_ Mobile: \_\_\_\_\_ Office: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

#### 3. Indicate the number & names of churches, ministries, or individuals associated with your apostolic sphere.

(You need not include addresses, but let us know who is following your apostolic leadership in some detail)

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#### 4. Please indicate your marital status:

Single \_\_\_\_\_ Married \_\_\_\_\_ \* Divorced \_\_\_\_\_ \* Separated \_\_\_\_\_

\* If your are currently Separated or Divorced please explain with an attached letter

Membership in CCC begins with the **Associate Level**: The monthly dues are \$100

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### **Return this Application by one of the following methods:**

- 1- Scan a copy and email it to: [FrankDupree@outlook.com](mailto:FrankDupree@outlook.com)
- 2- Mail a copy to CCC Office: P. O. Box 1132, Bloomfield, NJ 07003-1132
- 3- Fax it to 973-866-0211