



Dear Friend,

Thank you for requesting additional information regarding LEGACY ALLIANCE Ministerial Fellowship.

Enclosed are our PLAN and VISION STATEMENTS, and an application for membership in the LEGACY ALLIANCE.

Should you desire to become involved with LEGACY ALLIANCE, please complete the application in its entirety, and return with the application fee to:

LEGACY ALLIANCE
555 Markham Woods Road
Longwood, FL 32779

If we can be of further assistance, please e-mail us at info@markchironna.com

Thank you,
LEGACY ALLIANCE Ministerial Fellowship



THE VISION

LEGACY ALLIANCE Is a ministerial alliance for local churches and five-fold ministries. It provides an international network and framework for the ongoing apostolic strategy of the Spirit of God that will increase the effectiveness of the way in which needs for connections and relationships are formed, transformed and maintained. It also serves to increase the potential of harvesting which is intended to be engrafted into local churches.

In addition, LEGACY ALLIANCE provides resources for structuring and organizing the foundations and the building up of the local church and its various ministries and governmental functions, as well as further mentoring and equipping for all five-fold ministries. This is accomplished through resources that include regional events, special host-based local church events where neighboring participants in the fellowship can share the opportunity for growth and enrichment, media based events, training materials, books, tapes, and retreat events.

LEGACY ALLIANCE also enables each local church to realize and enjoy the resources for the sake of maximizing their effectiveness at home and abroad. It provides a broad base of identity and recognition on a national and international level. It is a credentialing and licensing organization that supports the work of ministry worldwide.



THE PLAN

There are three levels of involvement in LEGACY ALLIANCE:

APOSTOLIC OVERSIGHT

Bishop Mark J. Chironna will be your apostolic overseer for you and your local church. You will be required to pay your personal tithe to Mark Chironna Ministries and 2% of your monthly church tithe to LEGACY ALLIANCE. This will allow you to grow and develop your church.

PERSONAL PASTOR

Bishop Mark J. Chironna will be your personal pastor for those in fivefold ministry who are not currently pastoring a local church. You will be required to pay your personal tithe to Mark Chironna Ministries and 1% of your monthly ministry tithe to LEGACY ALLIANCE. This will allow you to have Bishop Chironna as your personal covering while you minister to people around the world

LEGACY ALLIANCE AFFILIATE

As an affiliate you will be a friend with us in LEGACY ALLIANCE. Friends participate with us for \$50.00 or more per month. Each month you will receive either a taped or written message prepared exclusively for LEGACY ALLIANCE AFFILIATES.



APPLICATION

(Non-refundable Application Fee: \$100.00)

- 1. Attach a **CURRENT PHOTO** (head and shoulders only). If you and your spouse are both applying, two separate applications must be completed and individual photographs attached.
- 2. Please attach membership fee payment to this form. (Application will not be processed without payment.)



Please Check method of payment: (Please make Money Order or Check payable to Legacy Alliance)

- MasterCard VISA Discover American Express
- Money Order Check

Card Number _____

Amount \$ _____

_____/_____/_____ _____

Exp.Date Signature

3. PLEASE TYPE or PRINT CLEARLY (If a question does not apply, type or print DNA.)

4. I am applying for: License Ordination Membership (Check one.)

PERSONAL DATA

Please print or type information

Mr./Mrs./Ms. _____

Name (last) (first) (middle) (maiden name) Apt. _____

Present Address _____

City State Zip

Social Security Number _____ - _____ - _____ Phone: () _____ - _____

Fax Number: () _____ - _____ E-Mail Address: _____

U.S. Citizen: Yes No If no, Country of Citizenship: _____
(If permanent resident alien, please enclose copy of green card.)

Sex: Male Female Date of Birth: ____/____/____ Age: _____

Spouse: Date of Birth: ____/____/____ Age: _____

Marital Status: Engaged* Married Single Divorced** Separated**

* If you are currently engaged, please send us written confirmation once you are married, so we can update our records accordingly

** Please give thorough and complete details, typed, on separate sheet of paper.

YOUR SPIRITUAL PILGRIMAGE

Date you were saved: ____/____/____

Were you raised in a Christian home? Yes No

Denomination:

BRIEFLY relate your conversion experience:

Date you were baptized by immersion: ____/____/____

Date you were baptized with the Holy Spirit with evidence of speaking in tongues: ____/____/____

Understanding that a minister of the Gospel must maintain the highest moral and ethical standards, do you feel there is any area of your personal life that would hinder your ministry at this time? Yes No

If yes, please explain:

Do you currently use tobacco, alcohol or illegal drugs? Yes No
If so, please explain on a separate sheet.

Are you familiar with the ministry of Dr. Mark Chironna? Yes No

Have you read any of his material or listened to his tapes? Yes No

YOUR VISION

In an effort to understand your vision concerning your ministry, please attach a one-page typed essay.

EDUCATIONAL HISTORY

(Circle highest level attained)

1 2 3 4 5 6 7 8 9 10 11 12 GED Vocational/Technical 1 2

College: 1 2 3 4 Bible School Associate Bachelor Master's Specialist Doctorate

List all higher educational institutions attended and degree earned.

Name of School	Dates	Major	Diploma/Degree
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YOUR MINISTRY

Do you have a definite call of God on your life to enter the full-time ministry? Yes No
If yes, please explain on a separate sheet of paper.

In an effort to understand the level of your involvement in full-time ministry please attach a one-page typed essay.

Are you presently or have you ever been licensed or ordained? Yes No
If so, please list the denomination/organization and date credentialed. (Please attach a copy of credentials.)

If you are leaving or have left this denomination/organization, please explain why:

Identify the area(s) of fivefold ministry, according to Ephesians 4:11, in which you are called by God:

Do you agree with the LAMF Statement of Faith? Yes No
(If you disagree with any point, please explain on a separate sheet of paper.)

Why do you want to join LAMF and how can LAMF help you in your ministry?
Explain: _____

How did you hear about LAMF? _____

Have you previously submitted an application to LAMF? Yes No
If so, when? _____

STATEMENT OF TRUTH

I understand all items submitted to LAMF as part of the application process become the permanent property of LAMF and will not be returned.

This application will be held in confidence. Only those persons with a need to know will review it. I grant LAMF and its leadership permission to verify the information provided on this application.

I hereby state that all the information contained on this application is correct and true. If LAMF is notified that any of the information contained on this application is false, it will be grounds for immediate cancellation of application procedure and/or revocation.

Signature

Date

Be sure to review your application before mailing.
Incomplete applications will be returned to you for completion.

For Office Use Only

Approved: _____

Disapproved: _____

President

Date



STATEMENT OF FAITH

We believe the Bible to be given by inspiration of the Holy Spirit, infallible, and God's revealed word to man.

We believe that Scripture teaches that there is only one true and living God who has chosen to reveal Himself as Father, Son, and Holy Spirit (Deuteronomy 6:4, Isaiah 43:10-11; Matthew 28:19; Luke 3:22).

We believe that man is a sinful being in need of redemption (Genesis 1:26-31, 3:1-7; Psalm 51:5; Ecclesiastes 7:29; John 6:44; Romans 5:12-21; 1 Corinthians 2:14).

We believe in the virgin birth of Jesus Christ, that He is the Son of God and the son of man, that He came to save man from condemnation of sin by offering His blood as an atonement and making it available to all who exercise faith in Him (Matthew 1:23; Luke 1:31,35; John 3:16; 1 Corinthians 15:3; 1 Corinthians 5:21).

We believe that for salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential (Luke 7:50, 24:47; Romans 10:13-15; 1 Corinthians 1:18; 2 Corinthians 2:15; Ephesians 2:8,9; 2 Timothy 1:9; Titus 2:11, 3:5-7).

We believe the Scriptures ascribe to the Holy Spirit the acts and attributes of an intelligent being, and that the works of God such as creation, inspiration, giving of life, and sanctification are also ascribed to the Holy Spirit (Genesis 1:2; Job 33:4; Mark 3:29; John 16:8,13; Acts 7:51, 10:19, 13:2, 13:4, 16:6; 1 Corinthians 2:11, 6:11,12; Ephesians 4:30; 1 Peter 3:18; 2 Peter 1:21).

We believe in the sanctifying power of the Holy Spirit by whose indwelling the Christian is enabled to live a holy life (Romans 8:5; Philippians 2:12,13; 1 Thessalonians 4:3; 1 John 2:29).

We believe that the baptism in the Holy Spirit is given to believers who ask for it (Joel 2:28; Acts 2:4).

We believe that all mankind is subject to the death of the body as a result of original sin. The soul and spirit do not die, but immediately after death enter into a conscious state of happiness or misery according to the character here possessed by rejection or acceptance of the Savior (Ecclesiastes 12:7; Romans 5:12; Philippians 1:23).

We believe in the bodily resurrection of both the saved and the lost; the saved to everlasting life and the lost without Christ to everlasting damnation (Matthew 24:31-46; Acts 24:15; Revelation 22:11).

We believe in the personal, imminent return of our lord and Savior Jesus Christ (Acts 1:11; 1 Thessalonians 4:13-18).

We believe the redemptive work of Christ on the Cross provides healing for the human body in answer to believing prayer (Isaiah 53:4,5; James 5:14,15; 1 Peter 2:24).



PERSONAL OR MINISTRY RECOMMENDATION

(Applicant, please give personal recommendation to someone you have known for at least three years and the ministry recommendation to your Pastor or someone credentialed (ordained) in full-time ministry.)

Name of applicant: _____

Address: _____ Apt. _____

City: _____ State: _____ Zip: _____

Name of Church or Ministry: _____

Your name has been given as a reference for the above person for membership into Legacy Alliance Ministerial Fellowship. Serious consideration will be given to your comments: therefore, we ask that you carefully complete this form.

Please mail or fax directly to the LAMF office at the above address or fax number. Please be assured that your comments will be held in strictest confidence.

- (1) How long have you known the applicant? _____ years _____ months
- (2) Do you feel that you know the applicant well enough to evaluate his/her eligibility for ministry credentials?
 No Yes Licensing Ordination
- (3) What is your relationship to the applicant?
 Friend Pastor Other Casual Intimate Professional
- (4) How well do you know him/her? (Check one)
 By name/sight Fairly well/numerous personal contacts
 Casually/ few personal contacts Very close ministry relationship
 Mentoring relationship

Comments: _____

- (5) In your opinion, does the applicant exhibit a "call" to the ministry?
 Yes No Do Not Know

Explain your answer: _____

- (6) To your knowledge is the applicant currently involved in active ministry?
 Yes No Do Not Know

(7) **Pulpit experience/ preaching and teaching:**

- | | |
|---|---|
| <input type="checkbox"/> Well experienced | <input type="checkbox"/> Light experience |
| <input type="checkbox"/> No experience | <input type="checkbox"/> Do not know |

(8) **Work habits (in the ministry):**

- | | |
|--|--|
| <input type="checkbox"/> Very industrious
(does more than required) | <input type="checkbox"/> Satisfactory |
| <input type="checkbox"/> Does enough to get by | <input type="checkbox"/> Does less than expected |
| <input type="checkbox"/> Do not know | |

(9) **Stability / ability to withstand pressure:** (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Tolerates pressure well | <input type="checkbox"/> Average tolerance/usually remains calm |
| <input type="checkbox"/> Easily irritated | <input type="checkbox"/> Cannot handle pressure |
| <input type="checkbox"/> Do not know | |

(10) **Personal organization:**

- | | |
|---|--|
| <input type="checkbox"/> Conscientious, tidy, clean | <input type="checkbox"/> Fairly neat |
| <input type="checkbox"/> Tends to be disorderly | <input type="checkbox"/> Disorderly and untidy |
| <input type="checkbox"/> Do not know | |

(11) **Response / attitude toward authority:**

- | | |
|--|--|
| <input type="checkbox"/> Helpful and cooperative | <input type="checkbox"/> Usually responsive |
| <input type="checkbox"/> Resentful of authority | <input type="checkbox"/> Not cooperative / very resentful of authority |
| <input type="checkbox"/> Do not know | |

(12) **Marriage and family:**

- | | |
|---|---|
| <input type="checkbox"/> Attentive to spouse/children | <input type="checkbox"/> Usually stable |
| <input type="checkbox"/> Neglects spouse / children | <input type="checkbox"/> Many uncontrolled periods/unstable |

(13) **Emotional stability:**

- | | |
|---|---|
| <input type="checkbox"/> Self-controlled and mature | <input type="checkbox"/> Usually stable |
| <input type="checkbox"/> Moody and changeable | <input type="checkbox"/> Many uncontrolled periods/unstable |

(14) **Please give your knowledge of the applicant's involvement in church activities (check one).**

- | | |
|---|---|
| <input type="checkbox"/> Attends irregularly/shows little interest | <input type="checkbox"/> Cooperative, usually willing to help |
| <input type="checkbox"/> Seldom participates, but attends regularly | <input type="checkbox"/> Enthusiastic and is deeply involved |

Comments: _____

(15) **To your knowledge is that applicant currently involved in any heresy?** Yes No

If yes, explain: _____

- (16) Having observed this person in the ministry, would you:
- Highly recommend
 Recommend
 Recommend with reservations

Please list your reservations:

- (17) To aid us in our decision making, please give us your personal comments on the integrity of the applicant:

- (18) List what you consider to be the applicant's strong points.

- (19) List what you consider to be the applicant's weak points

- (20) Please indicate below your rating / status of the applicant:

	<u>Above Average</u>	<u>Average</u>	<u>Below Average</u>	<u>No chance to observe</u>
Leadership	_____	_____	_____	_____
Responsibility	_____	_____	_____	_____
Christian Commitment	_____	_____	_____	_____
Moral Character	_____	_____	_____	_____
Integrity/Honesty	_____	_____	_____	_____
Emotional Stability	_____	_____	_____	_____
Personal Appearance	_____	_____	_____	_____

- (21) Does the applicant have any personality traits which impair his/her relationship with others?

(22) Please share with us any information you may know about the applicant that would help in our evaluation for membership. Specific incidents or an overall personality appraisal may be given.

I recommend the applicant for ordination: Yes Yes, with reservation No

I recommend the applicant for licensing: Yes Yes, with reservation No

Signature: _____

Please print your name: _____

Your age 18-25 26-35 36-50 over 50

Address: _____ Apt. _____

City: _____ State: _____ Zip: _____

Phone: Home () _____ Work () _____

If you are a credentialed minister, please complete the following:

Ministry Name: _____

Your position: _____

Organization you are credentialed with: _____

Number of years you've held credentials: _____

Additional comments: _____

Thank You! We appreciate your assistance.



APPLICATION REQUIREMENTS

**Before you can become a member of Legacy Alliance Ministerial Fellowship,
you must be currently involved in ministry.**

The requirements of the Ministerial Fellowship are as follows:

LICENSING

A licensed minister is one in part-time ministry whose ministerial calling and gifts have been formally recognized by the board of Legacy Alliance Ministerial Fellowship and does not meet the requirements for ordination.

Requirements

- Must have a definite call to ministry in at least one of the five-fold offices as set forth by God in Ephesians 4:11-12 (including the ministry of Helps).
- Must be active in ministry on either a full-time or part-time basis.
- Total fee of licensing is \$100
- Must return the completed application along with the \$100 fee that is non-refundable.
- Must provide two recommendations as indicated below; neither of which will be accepted from family members.
 1. **Ministry Recommendation:** To be completed by your pastor or a credentialed minister that has known you for three years or more.
 2. **Personal Recommendation:** To be completed by a friend or someone who has known you for three years or more.

Both recommendations must be sent directly to Legacy Alliance Ministerial Fellowship at the address at the top of the application form. These forms are confidential and must be returned to us by the person completing the form by mail or faxed to (407) 447-2426. They will not be accepted if received with your application.

Benefits of Licensing

- You will receive an official, ready-to-frame, Ministerial Licensing Certificate.
- You will receive an official, laminated, wallet-size membership card.
- You will have access to a special Ministerial Hotline, where you can call in prayer request and leave special messages for Dr. Chironna to keep in close contact with you.
- You will be invited, along with other pastors, to all ministry events.
- Through the Legacy Alliance Ministerial Fellowship, you can share in fellowship with members from across the nation and around the world.

ORDINATION

An ordained minister is one who is currently in full-time ministry, but has not received his/her credentials and wishes to apply for ordination through the Legacy Alliance Ministerial Fellowship. A full-time minister is defined as one who makes his/her living solely through working in ministry.

Requirements

- Must have a definite call to ministry in at least one of the five-fold offices as set forth by God in Ephesians 4:11-12 (including the ministry of Helps).
- Must be active in ministry on either a full-time or part-time basis.
- Total fee of ordination is \$100
- Must return the completed application along with the \$100 fee that is non-refundable.
- Must provide two recommendations as indicated below; neither of which will be accepted from family members.
 1. **Ministry Recommendation:** To be completed by your pastor or a credentialed minister that has known you for three years or more.
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Benefits of Ordination

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- You will receive an official, laminated, wallet-size membership card.
- You will have access to a special Ministerial Hotline, where you can call in prayer request and leave special messages for Dr. Chironna to keep in close contact with you.
- You will be invited, along with other pastors, to all ministry events.
- Through the Legacy Alliance Ministerial Fellowship, you can share in fellowship with members from across the nation and around the world.

MEMBERSHIP

A member is one who currently holds ordination credentials with another organization or denomination and is applying for membership status only.

Requirements:

There are no limitations for an ordained minister to become both a member of the Legacy Alliance Ministerial Fellowship and another organization. We simply ask that a copy of your current ordination certificate accompany your LAMF application, along with your membership fee of \$100.

Benefits of Membership

- You will receive an official, laminated, wallet-size membership card.
- You will have access to a special Ministerial Hotline, where you can call in prayer request and leave special messages for Dr. Chironna to keep in close contact with you.
- You will be invited, along with other pastors, to all ministry events.
- Through the Legacy Alliance Ministerial Fellowship, you can share in fellowship with members from across the nation and around the world.

ANNUAL RENEWAL FEE

To renew your license, ordination, or membership, a renewal fee of \$100 is due on or before January 1.

_____ **YES, I would like to be part of the APOSTOLIC OVERSIGHT**

_____ **YES, I would like to be part of the PERSONAL PASTOR**

_____ **YES, I would like to be a part of LEGACY ALLIANCE AFFILIATE**

**If you have any questions or desire further information about the
Legacy Alliance Ministerial Fellowship contact us at (407) 826-4777
Or email us at info@markchironna.com Thank You!**