

AGLOW CANDLELIGHT AFFILIATION/LEADERSHIP FORM

☐ Aglow Candlelight Affiliation/Leadership Form ☐ Change of Leader Form

Dated this _____ of _____
(day) (month/year)

The *Aglow Candlelight Group* of _____
(Name of city/village)
in the nation of _____ requests affiliation with Aglow International.

We are a: (check one or more)

☐ Bible Study ☐ Prayer Group ☐ Home Group

Each leader who has signed below agrees to these statements:

- I have accepted Jesus Christ as my personal Lord and Savior.
- I agree with Aglow's *belief statement* and Aglow's *vision and mission statements*. I will seek to fulfill them in my community. (See Part 1, Section 1, of the Local Handbook)
- I attend church regularly.
- If I have ever taken part in any occult activities, I have renounced such teachings and activities and have asked God to forgive me.

Key Leader

Please answer the questions and sign:

Name _____	Are you filled with the Spirit and do you
Address _____	Speak in tongues? Yes _____ No _____
City _____	Do you agree with the points stated above?
Nation _____	Yes _____ No _____
Phone _____	Signature _____
Denomination _____	

Committee Member

Name _____	Are you filled with the Spirit with evidence of
Address _____	speaking in tongues? Yes _____ No _____
City _____	Do you agree with the points stated above?
Nation _____	Yes _____ No _____
Phone _____	Signature _____
Denomination _____	

Committee Member

Name _____ Are you filled with the Spirit with evidence of
Address _____ speaking in tongues? Yes _____ No _____
City _____
Nation _____ Do you agree with the points stated above?
Phone _____ Yes _____ No _____
Denomination _____ Signature _____

Describe the type of Aglow Candlelight Group you are starting:

What is your goal? (What do you hope to accomplish?)

Please return this form to the Aglow leadership for your nation:

Name _____

Address _____

City _____

State/Province _____

Nation _____

Or to:

Global Field Office - International
Aglow International
P.O. Box 1749
Edmonds, WA 98020-1749 USA

Fax: (425) 778-9615

Approved by:

Aglow leadership for your nation

Signature _____ Date Approved _____