Aglow Candlelight Affiliation/Leadership Form

Aglow Candlelight Affiliation/Leadership FormChange of Leader Form

Dated this of

 (day) (month/year)

The *Aglow Candlelight Group* of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(Name of city/village)*

in the nation of \_\_\_\_\_\_\_\_\_\_\_\_\_\_requests affiliation withAglow 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* andAglow’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

Nation Do you agree with the points stated above?

Phone Yes No

Denomination Signature

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

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*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_