

AREA EXECUTIVE BOARD AFFILIATION/CHANGE OF OFFICER FORM

☐ CHANGE OF INFORMATION/AREA OFFICER FORM OR ☐ AREA AFFILIATION FORM
PLEASE TYPE OR PRINT

AREA EXECUTIVE BOARD _____

AGLOW ID # _____

DATE _____

President

Name _____

Vice-President of Leadership Development

Name _____

Address _____

Address _____

City _____ Country _____

City _____ Country _____

Phone _____

Phone _____

E-Mail _____

Email _____

Church & Denomination _____

Church & Denomination _____

Languages you speak _____

Languages you speak _____

Ministries Coordinator

Name _____

Outreach Coordinator

Name _____

Address _____

Address _____

City _____ Country _____

City _____ Country _____

Phone _____

Phone _____

E-Mail _____

Email _____

Church & Denomination _____

Church & Denomination _____

Languages you speak _____

Languages you speak _____

Retreats Coordinator

Name _____

Recording Secretary

Name _____

Address _____

Address _____

City _____ Country _____

City _____ Country _____

Phone _____

Phone _____

E-Mail _____

Email _____

Church & Denomination _____

Church & Denomination _____

Languages you speak _____

Languages you speak _____

Corresponding

Name _____

Secretary Treasurer

Name _____

Address _____

Address _____

City _____ Country _____

City _____ Country _____

Phone _____

Phone _____

E-Mail _____

Email _____

Church & Denomination _____

Church & Denomination _____

Languages you speak _____

Languages you speak _____

Area Advisors:

(Optional- Advisor Approval is no longer a requirement as of August 2025)

Name: _____

Name: _____

Mail Form to:

Global Field Office – International

Aglow International

P.O. Box 1749

Edmonds, WA 98020-1749, USA

Global Field Office - International approval:

Signature_____

Title_____

Date Approved_____