NATIONAL BOARD/COMMITTEE – CHANGE OF OFFICER/AFFILIATION FORM

☐ CHANGE OF OFFICER FORM *OR* ☐ AFFILIATION FORM

PLEASE TYPE OR PRINT

NATIONAL EXECUTIVE BOARD/COMMITTEE OF _____

(Country)

AGLOW ID # _____ **DATE** _____

President

Name _____

Address _____

City _____ Country _____

Phone _____ E-Mail _____

Church & Denomination _____

Languages you speak _____

Vice President/Leadership Dev. Coor.

Name _____

Address _____

City _____ Country _____

Phone _____ E-Mail _____

Church & Denomination _____

Languages you speak _____

Coordinator

Name _____

Address _____

City _____ Country _____

Phone _____ E-Mail _____

Church & Denomination _____

Languages you speak _____

Secretary

Name _____

Address _____

City _____ Country _____

Phone _____ E-Mail _____

Church & Denomination _____

Languages you speak _____

Aglow Prayer Coordinator

Name _____

Address _____

City _____ Country _____

Phone _____ E-Mail _____

Church & Denomination _____

Languages you speak _____

Treasurer

Name _____

Address _____

City _____ Country _____

Phone _____ E-Mail _____

Church & Denomination _____

Languages you speak _____

Coordinator

Name _____

Address _____

City _____ Country _____

Phone _____ E-Mail _____

Church & Denomination _____

Languages you speak _____

Coordinator

Name _____

Address _____

City _____ Country _____

Phone _____ E-Mail _____

Church & Denomination _____

Languages you speak _____

National Advisor: Optional- No Longer Required as of August 2025

Rev/Mr. _____

Phone _____

Address _____

Name of Church _____

_____

Denomination _____

Signature _____

Mail to:

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

International Office approval:

Signature _____

Title _____

Date Approved _____