



## LOCAL AGLOW APPLICATION FOR AFFILIATION

Local Aglow Application for Affiliation ☐ Change of Officer Form ☐

This group requests affiliation in AGLOW INTERNATIONAL and requests recognition as the  
AGLOW LOCAL FELLOWSHIP in \_\_\_\_\_  
(City & Country)

Date \_\_\_\_\_  
(Day/month/year)

- We, the officers listed below, have read the Aglow Local Leaders Handbook and agree with Aglow's statement of "What We Believe" and agree to follow the policies of Aglow International.
- We agree that the "advisors" of our local group will be our nation's Aglow National Board and understand that "local advisors" are no longer a requirement for affiliation.
- We agree that should our application be denied, or should our affiliation be subsequently terminated, we will discontinue the use of the name "AGLOW INTERNATIONAL" or any other name so similar as to be misleading.

### PRESIDENT/CHAIRMAN

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
Country \_\_\_\_\_  
Phone \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Church & Denomination \_\_\_\_\_  
Languages you speak \_\_\_\_\_

### VICE PRESIDENT

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 \_\_\_\_\_

### TREASURER

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
Country \_\_\_\_\_  
Phone \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Church & Denomination \_\_\_\_\_  
Languages you speak \_\_\_\_\_

## ADDITIONAL OFFICER

Name\_\_\_\_\_

Position: \_\_\_\_\_ Options: (Prayer Coordinator, Second Secretary)

Address\_\_\_\_\_

City\_\_\_\_\_

Country\_\_\_\_\_

Phone\_\_\_\_\_

E-Mail\_\_\_\_\_

Church & Denomination\_\_\_\_\_

Languages you speak\_\_\_\_\_

## LOCAL AGLOW GROUP

Meeting Place\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_

Day\_\_\_\_\_ Time\_\_\_\_\_

Week of month (circle one): 1 2 3 4

## FOR AGLOW MAIL TO GO TO POST OFFICE BOX:

### BOX PLEASE WRITE IT HERE:

Box Number\_\_\_\_\_

City\_\_\_\_\_

Country\_\_\_\_\_

### Mail to:

Aglow National leader for your nation

*Or*

Global Field Office – International

Aglow International

P.O. Box 1749

Edmonds, WA 98020-1749, USA

### Approved by:

Aglow National leader for your nation

Signature\_\_\_\_\_

Title\_\_\_\_\_

Date Approved\_\_\_\_\_