

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 Vice President

Name Name

Address Address

City City

Country Country

Phone Phone

E-Mail E-Mail

Church & Denomination Church & Denomination

Languages you speak Languages you speak

 Secretary Treasurer

Name Name

Address Address

City City

Country Country

Phone Phone

E-Mail E-Mail

Church & Denomination Church & Denomination

Languages you speak 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 For Aglow Mail to go to Post Office Box:

Meeting Place **BOX PLEASE WRITE IT HERE:**

Address Box Number

City City

Day\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time Country

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

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