

LOCAL AGLOW APPLICATION FOR AFFILIATION

Local Aglow Application for Affiliation \bigcirc Change of Officer Form \bigcirc

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 Aglow's statement of "What We Be We agree that the "advisors" of our understand that "local advisors" are We agree that should our applications 	re read the Aglow Local Leaders Handbook and agree with lieve" and agree to follow the policies of Aglow International. ur local group will be our nation's Aglow National Board and e no longer a requirement for affiliation. ation be denied, or should our affiliation be subsequently use of the name "AGLOW INTERNATIONAL" or any other name
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	
City	
Country	Country
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	
City	
DayTime	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	