

Local Aglow Couples Application For Affiliation

**Local Aglow Couples Application for Affiliation** ⃝  **Change of Officer Form** ⃝

**PLEASE TYPE OR PRINT**

This couples group requests affiliation in AGLOW INTERNATIONAL and requests recognition as the

AGLOW LOCAL COUPLES FELLOWSHIP in

*(City & Country)*

Date

*(Day/month/year)*

* We, the officers listed below, 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 do 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

Husband Name Husband Name

Wife Name Wife 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

Husband Name Husband Name

Wife Name Wife 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

Husband Name

Wife Name

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

Address

City **FOR MAIL TO POST OFFICE**

Country **BOX PLEASE WRITE IT HERE:**

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

E-Mail City

Church & Denomination Country

Languages you speak

Local Aglow Group

Meeting Place

Address

City

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

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