

## **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)	
<ul> <li>We, the officers listed below, age follow the policies of Aglow Int</li> </ul>	gree with Aglow's statement of "What We Believe" and agree to ernational.
<u> </u>	f our local group will be our nation's Aglow National Board and " are no longer a requirement for affiliation.
<u> </u>	pplication be denied, or should our affiliation be subsequently e the use of the name "AGLOW INTERNATIONAL" or any other ding.
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\_\_\_\_\_ 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\_\_\_\_\_ 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\_\_\_\_\_

Date Approved\_