

AGLOW@HOME AFFILIATION/CHANGE OF LEADERSHIP FORM

☐ Aglow@Home Affiliation/Leadership Form ☐ Change of Leader Form

The Aglow@Home Group of _____
(Name of city/village/nation)

requests affiliation with Aglow International. Dated this _____ of _____
(day) (month) (year)

Each leader who has signed below agrees to these statements:

- I have accepted Jesus Christ as my personal Lord and Savior.
- I have read and agree with Aglow's belief statement and Aglow's vision and mission statements. I will seek to fulfill them in my community.
- I attend church regularly.
- If I have ever taken part in any occult activities, I have renounced such teachings and activities and have asked God to forgive me.

Leader

Please answer the questions and sign:

Name_____	Are you filled with the Spirit with evidence of
Address_____	speaking in tongues?
City_____	Yes_____ No_____
Nation_____	Do you agree with the points stated above?
Phone_____	Yes_____ No_____
Email_____	
Denomination_____	Signature_____

Co-Leader

Name_____	Are you filled with the Spirit with evidence of
Address_____	speaking in tongues?
City_____	Yes_____ No_____
Nation_____	Do you agree with the points stated above?
Phone_____	Yes_____ No_____
Email_____	
Denomination_____	Signature_____

Describe the focus of the Aglow@Home Group you are starting: (See suggestions in these guidelines.)

What is your goal? (What do you hope to accomplish?)

Please return this form to the Aglow leadership for your nation:

Name

Address

City State/Province Nation

Or to:

Global Field Office – International
Aglow International
P.O. Box 1749
Edmonds, WA 98020-1749, USA
Email: JanaeLovern@aglow.org