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* andAglow’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