

AREA BOARD APPLICATION FOR AFFILIATION/ CHANGE OF OFFICER FORM

Area Board of	
(City & Country)	
Date	Aglow ID#
(Day/month/year)	
President	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	
Phone	
E-Mail	E-Mail
Church & Denomination	Church & Denomination
Languages you speak	Languages you speak
PRAYER COORDINATOR	COORDINATOR
Name	Name
Address	
City	
Country	Country
Phone	
E-Mail	
Church & Denomination	Church & Denomination
Languages you speak	Languages you speak

National Leader Approva

Signature		
Title		
Date Approved		

Please email completed form to: JanaeLovern@aglow.org

or,

Mail to:

Aglow International C/O Janae Lovern P.O. Box 1749 Edmonds, WA 98020-1749, USA