



AREA BOARD APPLICATION FOR AFFILIATION/ CHANGE OF OFFICER FORM

☐ Area Affiliation Form ☐ Change of Officer Form

Area Board of _____
(City & Country)

Date _____ Aglow ID# _____
(Day/month/year)

PRESIDENT

Name _____
Address _____
City _____
Country _____
Phone _____
E-Mail _____
Church & Denomination _____
Languages you speak _____

VICE PRESIDENT

Name _____
Address _____
City _____
Country _____
Phone _____
E-Mail _____
Church & Denomination _____
Languages you speak _____

SECRETARY

Name _____
Address _____
City _____
Country _____
Phone _____
E-Mail _____
Church & Denomination _____
Languages you speak _____

TREASURER

Name _____
Address _____
City _____
Country _____
Phone _____
E-Mail _____
Church & Denomination _____
Languages you speak _____

PRAYER COORDINATOR

Name _____
Address _____
City _____
Country _____
Phone _____
E-Mail _____
Church & Denomination _____
Languages you speak _____

COORDINATOR

Name _____
Address _____
City _____
Country _____
Phone _____
E-Mail _____
Church & Denomination _____
Languages you speak _____

National Leader Approval:

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