AGLOW CANDLELIGHT AFFILIATION/CHANGE OF LEADERSHIP FORM

☐ **Aglow Candlelight Affiliation/Leadership Form** ☐ **Change of Leader Form**

The *Aglow Candlelight Group* of _____ requests affiliation with
(Name of city/village) *(nation)*

Aglow International. We are a: *(check one or more)*

☐ Bible Study ☐ Prayer Group ☐ Home Group

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 in the Local Leaders Handbook*. 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.
- The Aglow National Leadership will serve as advisors to our Candlelight Group. (Local Advisors are no longer a requirement for affiliation).

Key Leader

Name _____
Address _____
City _____
Nation _____
Phone _____
Denomination _____

Please answer the questions and sign:

Are you filled with the Spirit and do you speak in tongues? Yes _____ No _____

Do you agree with the points stated above?
Yes _____ No _____

Signature _____

Committee Member

Name _____
Address _____
City _____
Nation _____
Phone _____
Denomination _____

Are you filled with the Spirit with evidence of speaking in tongues? Yes _____ No _____

Do you agree with the points stated above?
Yes _____ No _____

Signature _____

Committee Member

Name _____
Address _____
City _____
Nation _____
Phone _____
Denomination _____

Are you filled with the Spirit with evidence of speaking in tongues? Yes _____ No _____

Do you agree with the points stated above?
Yes _____ No _____

Signature _____

Describe the type of Aglow Candlelight Group you are starting:

_____

_____

_____

_____

_____

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

Fax: (425) 778-9615

Approved by:

Aglow leadership for your nation

Signature _____

*Date Approved*_____