

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* andAglow’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 **Please answer the questions and sign:**

Name Are you filled with the Spirit and do you

Address speak in tongues? Yes No

City

Nation Do you agree with the points stated above?

Phone Yes No

Denomination Signature

Committee Member

Name Are you filled with the Spirit with evidence of

Address speaking in tongues? Yes No

City

Nation Do you agree with the points stated above?

Phone Yes No

Denomination Signature

Committee Member

Name Are you filled with the Spirit with evidence of

Address speaking in tongues? Yes No

City

Nation Do you agree with the points stated above?

Phone Yes No

Denomination 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*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_