

Generations Group Application For Affiliation (USA)

**PLEASE TYPE OR PRINT**

This Generations group requests affiliation in AGLOW INTERNATIONAL and requests recognition as the

AGLOW GENERATIONS GROUP in

*(City & State)*

Date

*(Day/month/year)*

We, the officers listed below, agree with Aglow’s statement of “What We Believe” and agree to follow the policies of Aglow International.

We agree that should our application be denied, or should our affiliation be subsequently terminated, we will discontinue the use of the name “AGLOW INTERNATIONAL” or any other name so similar as to be misleading.

Leader Co-Leader

Name Name

Home Address Home Address

Mailing Address Mailing Address

City City

State/Zip State/Zip \_\_\_\_\_\_\_

Phone Phone

E-Mail E-Mail

Church & Denomination Church & Denomination

Languages you speak Languages you speak

Co-Leader Co-Leader

Name Name

Home Address Home Address

Mailing Address Mailing Address

City City

State/Zip State/Zip \_\_\_\_\_\_\_

Phone Phone

E-Mail E-Mail

Church & Denomination Church & Denomination

Languages you speak Languages you speak

Junior Co-Leader (as applicable) Junior Co-Leader (as applicable)

Name Name \_\_\_\_\_\_\_

Home Address Home Address \_\_\_\_\_\_\_

Address Address \_\_\_\_\_\_\_

City City \_\_\_\_\_\_\_

State/Zip State/Zip \_\_\_\_\_\_\_

Phone Phone \_\_\_\_\_\_\_

E-Mail E-Mail \_\_\_\_\_\_\_

Church & Denomination Church & Denomination \_\_\_\_\_\_\_

Languages you speak Languages you speak \_\_\_\_\_\_\_

**Generations Group Meeting Place**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

City

State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time

Week of month (circle one): 1 2 3 4

Email completed & approved form to: [JanaeLovern@aglow.org](mailto:JanaeLovern@aglow.org)

Or

Mail to:

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

Approved by:

Aglow Area Team President or Aglow Regional Director

Signature

Title

Date Approved