



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

Name _____
Home Address _____
Mailing Address _____
City _____
State/Zip _____
Phone _____
E-Mail _____
Church & Denomination _____
Languages you speak _____

CO-LEADER

Name _____
Home Address _____
Mailing Address _____
City _____
State/Zip _____
Phone _____
E-Mail _____
Church & Denomination _____
Languages you speak _____

CO-LEADER

Name _____
Home Address _____
Mailing Address _____
City _____
State/Zip _____
Phone _____
E-Mail _____
Church & Denomination _____
Languages you speak _____

CO-LEADER

Name _____
Home Address _____
Mailing Address _____
City _____
State/Zip _____
Phone _____
E-Mail _____
Church & Denomination _____
Languages you speak _____

JUNIOR CO-LEADER (AS APPLICABLE)

Name _____
Home Address _____
Address _____
City _____
State/Zip _____
Phone _____
E-Mail _____
Church & Denomination _____
Languages you speak _____

JUNIOR CO-LEADER (AS APPLICABLE)

Name _____
Home Address _____
Address _____
City _____
State/Zip _____
Phone _____
E-Mail _____
Church & Denomination _____
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

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 _____