NATIONAL BOARD/COMMITTEE - CHANGE OF OFFICER/AFFILIATION FORM

☐ CHANGE OF OFFICER FORM OR ☐ AFFILIATION FORM

PLEASE TYPE OR PRINT

	(Country) DATE		
AGLOW ID #			
President	Vice President		
Name	Name		
Address	Address		
CityCountry	CityCountry		
PhoneE-Mail	PhoneE-Mail		
Church & Denomination	Church & Denomination		
Languages you speak	Languages you speak		
Coordinator	Secretary		
Name	Name		
Address	Address		
CityCountry	CityCountry		
PhoneE-Mail	PhoneE-Mail		
Church & Denomination	Church & Denomination		
Languages you speak	Languages you speak		
Aglow Prayer Coordinator	Treasurer		
Name	Name		
Address			
CityCountry	CityCountry		
PhoneE-Mail	PhoneE-Mail		
Church & Denomination	Church & Denomination		
Languages you speak	Languages you speak		

Coordinator			Coordinator		
Name		Name			
Address		Address			
City	Country	City	Country		
Phone	E-Mail	Phone	E-Mail		
Church & Deno	mination	Church & Denomination			
anguages you speak		Languages you	Languages you speak		
National A	dvisor: <u>Optional-</u> <u>No Lon</u>	ger Required as of Augu	ust 2025		
Rev/Mr					
Phone					
Address					
	ı				
					
Signature					
Mail to:					
P.O. Box 1749	onal nal Field Director 98020-1749, USA				
International O	ffice approval:				
Signature					
Title					

Date Approved_____