NATIONAL BOARD/COMMITTEE - CHANGE OF OFFICER/AFFILIATION FORM

\square Change of Officer Form or \square Affiliation Form

PLEASE TYPE OR PRINT

NATIONAL BOARD/COMMITTEE OF	
	(Country)
AGLOW ID#	DATE
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	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 & Denomination Church & Denomination Languages you speak _____ Languages you speak _____ National Advisor: Optional- No Longer Required as of August 2025 Rev/Mr.____ Address _____ Name of Church _____ Denomination_____ Signature Mail to: **Aglow International** C/O International Field Director P.O. Box 1749 Edmonds, WA 98020-1749, USA **International Office approval:**

Signature _____

Title ____

Date Approved_