VIRTUAL AFFILIATION/CHANGE OF LEADERSHIP FORM

	Leadership Form Change of Lea	der Form
The Virtual Group of	22.02 111 2 011 11.11	
	(Name of city/nation)	
requests affiliation with Aglow Internatio	onal. Dated this	of (year)
Each leader who has signed below agrees		(year)
 I have accepted Jesus Christ as my 	personal Lord and Savior.	
 I have read and agree with <u>Aglow's statements</u>. I will seek to fulfill the 	<u>'s <i>belief statement</i></u> and <u>Aglow's <i>vision a</i> em in my community.</u>	nd mission
 I attend church regularly. 		
 If our group consists of members our group will be that of the virtue 	from more than one nation, the Nation al group leader.	al Board overseeing
Leader	Co-Leader	
☐ New leader ☐ New Information	\square New leader \square New Informatio	n
Name	Name	
Address	Address	_
City	City	_
Nation	Nation	
Phone	Phone	
Email	Email	
Denomination	Denomination	
Co-Leader	Co-Leader	
☐ New leader ☐ New address/phone	\square New leader \square New address/phone	
Name	Name	
Address	Address	
City	City	_
Nation	Nation	
Phone	Phone	
Email	Email	
Denomination	Denomination	
Describe the focus of the Virtual Aglow	Group you are starting:	

What is your goal? (What do you hope to a	ccomplish?)
Virtual Aglow Group	
Meeting Program	(example: Zoom, Teams, if other - please name)
URL:	
Meeting ID:	Code:
Call-In Number:	
Meeting ID:	Code:
DayTime	
Week of month (circle one): 1 2 3 4	
Email/Mail to: Aglow National Leader f	or your nation
Or,	
Aglow International	
C/O international Field Director	
C/O International Field Director P.O. Box 1749	
P.O. Box 1749 Edmonds, WA 98020-1749, USA	
P.O. Box 1749	

National Leader: Please email approved form along with approved Leadership Questionnaire Forms for each leader to: JanaeLovern@aglow.org

Multi-National Leadership: If Virtual Aglow leadership include members from different nations, National Leader must inform those national leaders of groups affiliation.