



LOCAL AGLOW APPLICATION FOR AFFILIATION

Local Aglow Application for Affiliation _____ Change of Officer Form _____

This group requests affiliation in AGLOW INTERNATIONAL and requests recognition as the
AGLOW LOCAL FELLOWSHIP in _____

(City & Country)

Date _____
(Day/month/year)

- We, the officers listed below, have read the Aglow Local Leaders Handbook and agree with Aglow's statement of "What We Believe" and agree to follow the policies of Aglow International.
- We agree that the "advisors" of our local group will be our nation's Aglow National Board and understand that "local advisors" are no longer a requirement for affiliation.
- 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.

PRESIDENT/CHAIRMAN

Name _____
Address _____
City _____
Country _____
Phone _____
E-Mail _____
Church & Denomination _____
Languages you speak _____

SECRETARY

Name _____
Address _____
City _____
Country _____
Phone _____
E-Mail _____
Church & Denomination _____
Languages you speak _____

VICE PRESIDENT

Name _____
Address _____
City _____
Country _____
Phone _____
E-Mail _____
Church & Denomination _____
Languages you speak _____

TREASURER

Name _____
Address _____
City _____
Country _____
Phone _____
E-Mail _____
Church & Denomination _____
Languages you speak _____

ADDITIONAL OFFICER

Name _____

Position: _____

Options: (Prayer Coordinator, Second Secretary)

Address _____

City _____

Country _____

Phone _____

E-Mail _____

Church & Denomination _____

Languages you speak _____

LOCAL AGLOW GROUP

Meeting Place _____

Address _____

City _____

Country _____

Day _____

Week of month (1, 2, 3, 4) _____

Time _____

Mail to:

Aglow National leader for your nation

Or

Global Field Office – International

Aglow International

P.O. Box 1749

Edmonds, WA 98020-1749, USA

Approved by:

Aglow National leader for your nation

Signature _____

Title _____

Date Approved _____

FOR AGLOW MAIL TO GO TO POST OFFICE BOX:

BOX PLEASE WRITE IT HERE:

Box Number _____

City _____