NATIONAL BOARD/COMMITTEE – CHANGE OF OFFICER/AFFILIATION FORM

CHANGE OF OFFICER FORM _____ *OR* AFFILIATION FORM _____

PLEASE TYPE OR PRINT

NATIONAL BOARD/COMMITTEE OF _____
(Country)

AGLOW ID # _____ **DATE** _____

President

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 _____

Coordinator

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 _____

Aglow Prayer Coordinator

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 _____

Coordinator

Name _____

Address _____

City _____ Country _____

Phone _____

E-Mail _____

Church & Denomination _____

Languages you speak _____

Coordinator

Name _____

Address _____

City _____ Country _____

Phone _____

E-Mail _____

Church & Denomination _____

Languages you speak _____

National Advisor: Optional- No Longer Required as of August 2025

Rev/Mr. _____

Phone _____

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 _____