

AGLOW INTERNATIONAL

AFFILIATION APPLICATION FOR AREA LEADERSHIP TEAMS

This form is for computer use; or, you can print and fill in by hand.

Area Team _____

Region _____ Date _____

We, the officers listed below, do believe in and adhere to all points of the Doctrinal Statement of the Constitution, and no future members will be admitted who do not so adhere.

PRESIDENT

Name _____
Address _____
City, State _____ Zip _____
Home # () _____ Cell # () _____
Email _____
Denomination _____

VP OF LEADERSHIP DEVELOPMENT

Name _____
Address _____
City, State _____ Zip _____
Home # () _____ Cell # () _____
Email _____
Denomination _____

VP OF MINISTRY DEVELOPMENT AND RESOURCES

Name _____
Address _____
City, State _____ Zip _____
Home # () _____ Cell # () _____
Email _____
Denomination _____

VP OF LIGHTHOUSE DEVELOPMENT

Name _____
Address _____
City, State _____ Zip _____
Home # () _____ Cell # () _____
Email _____
Denomination _____

VP OF SPECIAL EVENTS

Name _____
Address _____
City, State _____ Zip _____
Home # () _____ Cell # () _____
Email _____
Denomination _____

VP OF ADMINISTRATION

Name _____
Address _____
City, State _____ Zip _____
Home # () _____ Cell # () _____
Email _____
Denomination _____

VP OF FINANCIAL DEVELOPMENT

Name _____
Address _____
City, State _____ Zip _____
Home # () _____ Cell # () _____
Email _____
Denomination _____

VP OF PUBLIC RELATIONS

Name _____
Address _____
City, State _____ Zip _____
Home # () _____ Cell # () _____
Email _____
Denomination _____

Regional Director or State Leader approval of the Officers of the new Area Team

(signature)

(date)

I verify that I personally typed my name on this form and that my typed name carries the same weight as my signature on this form.

Please return this form to:

Attn: Worldwide Field Office – USA
Aglow International
PO Box 1749
Edmonds WA 98020-1749

Or to:

Druci Allen at the Aglow Headquarters Office — DruciAllen@aglow.org