AGLOW INTERNATIONAL

AREA LEADERSHIP TEAM CHANGE OF INFORMATION FORM

**Area Team:** **Aglow ID#** **EIN#**

# Region:       Date:

# IMPORTANT: Please help us keep our records current by filling out this form *every time* there is a change, making sure *each* *officer* on your leadership team is listed. An office left blank should mean there is no officer filling that position.

|  |  |
| --- | --- |
| PRESIDENT Name:  Address:  City, ST Zip:  Home # (     )       Cell # (     )  Email:  Denomination:  New Officer  New Address  New Phone  New E-Mail | VP OF LEADER DEVELOPMENT Name:  Address:  City, ST Zip:  Home # (     )       Cell # (     )  Email:  Denomination:  New Officer  New Address  New Phone  New E-Mail |
| VP OF MINISTRY DEVELOPMENT AND RESOURCES Name:  Address:  City, ST Zip:  Home # (     )       Cell # (     )  Email:  Denomination:  New Officer  New Address  New Phone  New E-Mail | VP OF LIGHTHOUSE DEVELOPMENT Name:  Address:  City, ST Zip:  Home # (     )       Cell # (     )  Email:  Denomination:  New Officer  New Address  New Phone  New E-Mail |
| VP OF SPECIAL EVENTS Name:  Address :  City, ST Zip:  Home # (     )       Cell # (     )  Email:  Denomination:  New Officer  New Address  New Phone  New E-Mail | VP OF ADMINISTRATION Name:  Address :  City, ST Zip:  Home # (     )       Cell # (     )  Email:  Denomination:  New Officer  New Address  New Phone  New E-Mail |
| VP OF FINANCIAL DEVELOPMENT Name:  Address :  City, ST Zip:  Home # (     )       Cell # (     )  Email:  Denomination:  New Officer  New Address  New Phone  New E-Mail | VP OF PUBLIC RELATIONS Name:  Address :  City, ST Zip:  Home # (     )       Cell # (     )  Email:  Denomination:  New Officer  New Address  New Phone  New E-Mail |

**Please return this form to the Aglow Headquarters Office by mail or email to the address below and send a copy to your Regional Director.**

Attn: Druci Allen  
Aglow International

PO Box 1749

Edmonds WA 98020-1749

**Or to:** Druci Allen — DruciAllen@aglow.org