AGLOW INTERNATIONAL

AREA LEADERSHIP TEAM CHANGE OF INFORMATION FORM

Area Team:	_Aglow ID#EIN#
Region:	
IMPORTANT: Please help us keep our records current by filling or leadership team is listed. An office left blank shoul	ut this form <i>every time</i> there is a change, making sure <i>each officer</i> on your ld mean there is no officer filling that position.
PRESIDENT	VP OF LEADER DEVELOPMENT
Name:	Name:
Address:	Address:
City, ST Zip:	City, ST Zip:
Home # () Cell # ()	Home # () Cell # ()
Email:	Email:
Denomination:	Denomination:
□ New Officer □ New Address □ New Phone □ New E-Mail	□ New Officer □ New Address □ New Phone □ New E-Mail
VP OF MINISTRY DEVELOPMENT AND RESOURCES	VP OF LIGHTHOUSE DEVELOPMENT
Name:	Name:
Address:	Address:
City, ST Zip:	City, ST Zip:
Home # ()Cell # _ ()	Home #()Cell #_()
Email:	Email:
Denomination:	Denomination:
□ New Officer □ New Address □ New Phone □ New E-Mail	□ New Officer □ New Address □ New Phone □ New E-Mail
VP OF SPECIAL EVENTS	VP OF ADMINISTRATION
Name:	Name:
Address:	Address:
City, ST Zip:	City, ST Zip:
Home # () Cell # ()	Home #()Cell #_()
Email:	Email:
Denomination:	Denomination:
□New Officer □ New Address □ New Phone □ New E-Mail	□New Officer □ New Address □ New Phone □ New E-Mail
VP OF FINANCIAL DEVELOPMENT	VP OF PUBLIC RELATIONS
Name:	Name:
Address:	Address:
City, ST Zip:	City, ST Zip:
Home # ()Cell # _ ()	Home # () Cell # ()
Email:	Email:
Denomination:	Denomination:
□New Officer □ New Address □ New Phone □ New E-Mail	□New Officer □ New Address □ New Phone □ New E-Mail
Please return this form to the Aglow Headquarters Office by mail or ema	il to the address below <u>and</u> 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