Affiliation Application for Aglow Lighthouse Ministry

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

This body, which meets in the city of       requests affiliation with Aglow International. Dated this       day of      ,       .

Our vision is:

We embrace Aglow's vision:

 To propel the Kingdom forward through the elevation of the knowledge of God.

We agree with Aglow's Belief Statement and will encourage the agreement of all members of our Aglow Lighthouse. Should our application be denied or our affiliation terminated, we will discontinue our use of the name "Aglow International" or any other name so similar as to be misleading.

We are: [ ]  Aglow Community Lighthouse (3 or more leaders)

 [ ]  Couples Aglow (1 or more married couples)

 [ ]  Aglow Workplace Lighthouse (1 or 2 leaders)

 [ ]  Aglow Neighborhood Lighthouse (1 or 2 leaders)

|  |  |
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| PRESIDENT/FACILITATORName       Address       City, State       Zip       Phone (     )       Fax (     )       Email       Denomination        | VICE-PRESIDENT OF MINISTRY DEVELOPMENT/CO-FACILITATORName       Address       City, State       Zip       Phone (     )       Email       Denomination        |
| VICE-PRESIDENT OF ADMINISTRATIONName       Ad­dress       City, State       Zip       Phone (     )       Email       Denomination        | VICE-PRESIDENT OF PUBLIC RELATIONS Name       Address       City, State       Zip       Phone (     )       Email       Denomination        |
| VICE-PRESIDENT OF FINANCIAL DEVELOPMENTName       Address       City, State       Zip       Phone (     )       Email       Denomination        | MEETING INFORMATIONMeeting Place       Address       City, State       Zip       Day of Week       Time       Check week of month: **[ ]** 1 **[ ]** 2 **[ ]** 3 **[ ]** 4 |

**Mail completed form to:**

Area Leadership Team

Name       Phone (     )

Address

City, State       Zip

**Approved by:**

|  |
| --- |
| **Area Leadership Team ID #**       [ ]  *President 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.*      [ ]  *Vice-president 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.* |

This signed form should be sent to Druci Allen - DruciAllen@aglow.org at Aglow International headquarters accompanied by Leadership Questionnaires for all officers.

Each questionnaire should be signed by the President and a Vice-president of the Area Team. Each officer is required to be a current Global Partner and new partnerships may be included with this form.

Please ensure that every condition for affiliation is met so that your paperwork can be processed in a timely manner.

Return form to Area Team for signatures.