



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)

PRESIDENT/FACILITATOR

Name _____

Address _____

City, State _____ Zip _____

Phone (____) _____

Fax (____) _____

Email _____

Denomination _____

VICE-PRESIDENT OF MINISTRY DEVELOPMENT/ CO-FACILITATOR

Name _____

Address _____

City, State _____ Zip _____

Phone (____) _____

Email _____

Denomination _____

VICE-PRESIDENT OF ADMINISTRATION

Name _____

Address _____

City, State _____ Zip _____

Phone (____) _____

Email _____

Denomination _____

VICE-PRESIDENT OF PUBLIC RELATIONS

Name _____

Address _____

City, State _____ Zip _____

Phone (____) _____

Email _____

Denomination _____

VICE-PRESIDENT OF FINANCIAL DEVELOPMENT

Name _____

Address _____

City, State _____ Zip _____

Phone (____) _____

Email _____

Denomination _____

MEETING INFORMATION

Meeting 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.