



# Lighthouse Leadership Team Change of Information Form

This form is for computer use; or, print out to fill in by hand.

Aglow Lighthouse \_\_\_\_\_ Aglow ID # \_\_\_\_\_ EIN # \_\_\_\_\_

Area Team \_\_\_\_\_ Date \_\_\_\_\_

Community  Neighborhood  Couples  Workplace

**IMPORTANT:** Please help us keep our records current by filling out this form *every time* there is a change of office/information, making sure each officer's name on your leadership team is listed. **An office left blank should mean there is no officer filling that position.** A new officer should have all the information filled in **and** a copy of their approved Leadership Questionnaire should be included. Thank you!

### PRESIDENT / FACILITATOR

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Denomination \_\_\_\_\_  
 New Officer  New Address  New Phone  New E-Mail

### VP MINISTRY DEV. / CO-FACILITATOR

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Denomination \_\_\_\_\_  
 New Officer  New Address  New Phone  New E-Mail

### VICE-PRESIDENT OF ADMINISTRATION

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Denomination \_\_\_\_\_  
 New Officer  New Address  New Phone  New E-Mail

### VICE-PRESIDENT OF PUBLIC RELATIONS

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Denomination \_\_\_\_\_  
 New Officer  New Address  New Phone  New E-Mail

### VICE-PRESIDENT OF FINANCIAL DEVELOPMENT

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Denomination \_\_\_\_\_  
 New Officer  New Address  New Phone  New E-Mail

### MEETING INFORMATION

Meeting Place \_\_\_\_\_  
Physical Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip \_\_\_\_\_  
Day of Week \_\_\_\_\_ Time \_\_\_\_\_  
Check week of month:  1  2  3  4  
Lighthouse web site address: \_\_\_\_\_