**Lighthouse/Area (circle one) Name: Activity Name:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Address / Phone / E-mail****(please note if there has been a change in your information)** | **New to Aglow?** | **Do you want to be on our mailing list?** | **Do you want to be on the Aglow International mailing list?\*** |
| First: | Address: |  |  |  |
| Last: | City, ST Zip: | 🞏 Yes | 🞏 Yes | 🞏 Yes |
|  | Phone: E-mail: | 🞏 No | 🞏 No | 🞏 No |
| First: | Address: |  |  |  |
| Last: | City, ST Zip: | 🞏 Yes | 🞏 Yes | 🞏 Yes |
|  | Phone: E-mail: | 🞏 No | 🞏 No | 🞏 No |
| First: | Address: |  |  |  |
| Last: | City, ST Zip: | 🞏 Yes | 🞏 Yes | 🞏 Yes |
|  | Phone: E-mail: | 🞏 No | 🞏 No | 🞏 No |
| First: | Address: |  |  |  |
| Last: | City, ST Zip: | 🞏 Yes | 🞏 Yes | 🞏 Yes |
|  | Phone: E-mail: | 🞏 No | 🞏 No | 🞏 No |
| First: | Address: |  |  |  |
| Last: | City, ST Zip: | 🞏 Yes | 🞏 Yes | 🞏 Yes |
|  | Phone: E-mail: | 🞏 No | 🞏 No | 🞏 No |
| First: | Address: |  |  |  |
| Last: | City, ST Zip: | 🞏 Yes | 🞏 Yes | 🞏 Yes |
|  | Phone: E-mail: | 🞏 No | 🞏 No | 🞏 No |