

LOCAL AGLOW APPLICATION FOR AFFILIATION

Local Aglow Application for Affiliation Change of Officer Form PLEASE TYPE OR PRINT

This group requests affiliation in AGLO	W INTERNATIONAL and requests recognition as the	
AGLOW LOCAL FELLOWSHIP in		
	(City & Country)	
Date		
(Day/month/year)		
agree to follow the policies of Aglow II	agreement with Aglow's statement of "What We Believe" and nternational.	
	cation be denied, or should our affiliation be subsequently se of the name "AGLOW INTERNATIONAL" or any other name so	
President/Chairman	VICE PRESIDENT	
Name	Name	
	Home Address	
Mailing Address	Mailing Address	
City	City	
Country	Country	
Phone	Phone	
E-Mail	E-Mail	
Church & Denomination	Church & Denomination	
Languages you speak	Languages you speak	
SECRETARY	TREASURER	
Name	Name	
Home Address	Home Address	
Mailing Address		
City	City	
Country	Country	
Phone		
E-Mail	E-Mail	
Church & Denomination	Church & Denomination	
Languages you speak	Languages you speak	

SECOND SECRETARY

Name	IF YOU WANT ALL AGLOW MAIL TO GO TO A POST OFFICE
Home Address	BOX PLEASE WRITE IT HERE:
Mailing Address	
City	City
Country	
Phone	
E-Mail	
Church & Denomination	
Languages you speak	
ADVISORS OF LOCAL AGLOW FELLOWSHIP	
Name	Phone
Address	Name of Church
	Denomination
Name	Phone
Address	
	Denomination
Name	Phone
Address	
	Denomination
Meeting Place	
Address	
City	
DayTime	
Week of month (circle one): 1 2 3 4	
Mail to:	
Aglow National leader for your nation Or	
Global Field Office – International Aglow International P.O. Box 1749	
Edmonds, WA 98020-1749, USA	
Approved by:	
Aglow National leader for your nation	
Signature	
Title	
Date Approved	