

Local Aglow Application For Affiliation

**Local Aglow Application for Affiliation** ⃝  **Change of Officer Form** ⃝

**PLEASE TYPE OR PRINT**

This group requests affiliation in AGLOW INTERNATIONAL and requests recognition as the

AGLOW LOCAL FELLOWSHIP in

*(City & Country)*

Date

*(Day/month/year)*

We, the officers listed below, are in agreement with Aglow’s statement of “What We Believe” and agree to follow the policies of Aglow International.

We do agree that should our application be denied, or should our affiliation be subsequently terminated, we will discontinue the use of the name “AGLOW INTERNATIONAL” or any other name so similar as to be misleading.

President/Chairman Vice President

Name Name

Home Address 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 Mailing Address

City City

Country Country

Phone 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**

Home Address **OFFICE BOX PLEASE WRITE IT HERE:**

Mailing Address Box Number

City City

Country Country

Phone

E-Mail

Church & Denomination

Languages you speak

Advisors Of Local Aglow Fellowship

Name Phone

Address Name of Church

Denomination

Name Phone

Address Name of Church

Denomination

Name Phone

Address Name of Church

Denomination

Meeting Place

Address

City

Day\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time

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