

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 agr agree to follow the policies of Aglow In	reement with Aglow's statement of "What We Believe" and ternational.	
•	tion be denied, or should our affiliation be subsequently of the name "AGLOW INTERNATIONAL" or any other name	
President/Chairman	VICE PRESIDENT	
Name	Name	
Home Address		
Mailing Address		
City	City	
Country	Country	
Phone		
E-Mail	E-Mail	
Church & Denomination		
Languages you speak	Languages you speak	
SECRETARY	TREASURER	
Name	Name	
Home Address		
Mailing Address		
City	City	
Country	_	
Phone		
E-Mail		
Church & Denomination		
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SECOND SECRETARY

Name	_ IF YOU WANT ALL AGLOW MAIL TO GO TO A POS
Home Address	OFFICE BOX PLEASE WRITE IT HERE:
Mailing Address	
City	City
Country	_ Country
Phone	-
E-Mail	-
Church & Denomination	-
Languages you speak	_
Advisors Of Local Aglow Fellowship	
Name	Phone
Address	
	Denomination
Name	
Address	
	Denomination
Name	Phone
Address	Name of Church
	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	