

**AGLOW CANDLELIGHT AFFILIATION/LEADERSHIP FORM**

Aglow Candlelight Affiliation/Leadership Form     Change of Leader Form

The *Aglow Candlelight Group* of \_\_\_\_\_ requests affiliation with Aglow International.  
(Name of city/village/nation)

**We are a: (check one or more)**

Bible Study     Prayer Group     Home Group

Dated this \_\_\_\_\_ of \_\_\_\_\_  
(day) (month/year)

Each leader who has signed below agrees to these statements:

- I have accepted Jesus Christ as my personal Lord and Savior.
- I agree with Aglow's *belief statement* and Aglow's *vision and mission statements*. I will seek to fulfill them in my community. (See Part 1, Section 1, of the Local Handbook)
- I attend church regularly.
- If I have ever taken part in any occult activities, I have renounced such teachings and activities and have asked God to forgive me.

**Key Leader**

**Please answer the questions and sign:**

Name \_\_\_\_\_ Are you filled with the Spirit and do you  
Address \_\_\_\_\_ speak in tongues?    Yes \_\_\_\_\_ No \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_  
Nation \_\_\_\_\_ Do you agree with the points stated above?  
Phone \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
Denomination \_\_\_\_\_ Signature \_\_\_\_\_

**Committee Member**

Name \_\_\_\_\_ Are you filled with the Spirit with evidence of  
Address \_\_\_\_\_ speaking in tongues?    Yes \_\_\_\_\_ No \_\_\_\_\_  
City \_\_\_\_\_  
Nation \_\_\_\_\_ Do you agree with the points stated above?  
Phone \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
Denomination \_\_\_\_\_ Signature \_\_\_\_\_

**Committee Member**

Name \_\_\_\_\_ Are you filled with the Spirit with evidence of  
Address \_\_\_\_\_ speaking in tongues?    Yes \_\_\_\_\_ No \_\_\_\_\_  
City \_\_\_\_\_  
Nation \_\_\_\_\_ Do you agree with the points stated above?  
Phone \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
Denomination \_\_\_\_\_ Signature \_\_\_\_\_

**Committee Advisor**

**Please answer the questions and sign:**

Name \_\_\_\_\_ Are you filled with the Spirit with evidence of  
Address \_\_\_\_\_ speaking in tongues?    Yes \_\_\_\_\_ No \_\_\_\_\_

City \_\_\_\_\_

Nation \_\_\_\_\_ Do you agree with the points stated above?

Phone \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Denomination \_\_\_\_\_ Signature \_\_\_\_\_

Describe the type of Aglow Candlelight Group you are starting:

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What is your goal? (What do you hope to accomplish?)

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Please return this form to the Aglow leadership for your nation:

Name \_\_\_\_\_

Address \_\_\_\_\_

City

State/Province

Nation

Or to:

Global Field Office - International  
Aglow International  
P.O. Box 1749  
Edmonds, WA 98020-1749 USA

Fax: (425) 778-9615

**Approved by:**

Aglow leadership for your nation

Signature \_\_\_\_\_

Date Approved \_\_\_\_\_