



AGLOW CANDLELIGHT AFFILIATION/LEADERSHIP FORM

Aglow Candlelight Affiliation/Leadership Form Change of Leader Form

The *Aglow Candlelight Group* of _____ requests affiliation with
(Name of city/village) (nation)

Aglow International. 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:

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

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 _____