

# AGLOW@ HOME AFFILIATION/LEADERSHIP FORM

- Aglow@home Affiliation/Leadership Form     
  Change of Leader Form

The Aglow@home Group of \_\_\_\_\_  
(Name of city/village/nation)

requests affiliation with Aglow International. 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 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.

<b>Leader</b>	Please answer the questions and sign:
Name _____	Are you filled with the Spirit with evidence of
Address _____	speaking in tongues?
City _____	Yes _____ No _____
Nation _____	Do you agree with the points stated above?
Phone _____	Yes _____ No _____
Email _____	
Denomination _____	Signature _____

<b>Co-Leader</b>	
Name _____	Are you filled with the Spirit with evidence of
Address _____	speaking in tongues?
City _____	Yes _____ No _____
Nation _____	Do you agree with the points stated above?
Phone _____	Yes _____ No _____
Email _____	
Denomination _____	Signature _____

Describe the focus of the Aglow@home Group you are starting: (See suggestions in these guidelines.)

---

---

---

---

---

---

---

---

---

---

---

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  
**Email:** intl.affiliations@aglow.org