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*](#statement_of_belief)and[Aglow’s *vision and mission statements*](#vision_mission_statement). 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.

**Leader** 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

**Co-Leader**

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