

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.

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