

AREA EXECUTIVE BOARD AFFILIATION/CHANGE OF OFFICER FORM

CHANGE OF INFORMATION/OFFICER FORM *OR* AFFILIATION FORM
PLEASE TYPE OR PRINT

AREA EXECUTIVE BOARD _____

AGLOW ID # _____

DATE _____

President

Name _____

Address _____

City _____ Country _____

Phone _____

E-Mail _____

Church & Denomination _____

Languages you speak _____

Ministries Coordinator

Name _____

Address _____

City _____ Country _____

Phone _____

E-Mail _____

Church & Denomination _____

Languages you speak _____

Retreats Coordinator

Name _____

Address _____

City _____ Country _____

Phone _____

E-Mail _____

Church & Denomination _____

Languages you speak _____

Corresponding

Name _____

Address _____

City _____ Country _____

Phone _____

E-Mail _____

Church & Denomination _____

Languages you speak _____

Vice-President of Leadership Development

Name _____

Address _____

City _____ Country _____

Phone _____

Email _____

Church & Denomination _____

Languages you speak _____

Outreach Coordinator

Name _____

Address _____

City _____ Country _____

Phone _____

Email _____

Church & Denomination _____

Languages you speak _____

Recording Secretary

Name _____

Address _____

City _____ Country _____

Phone _____

Email _____

Church & Denomination _____

Languages you speak _____

Secretary Treasurer

Name _____

Address _____

City _____ Country _____

Phone _____

Email _____

Church & Denomination _____

Languages you speak _____

Area Advisors

(3 CHARISMATIC PASTORS OR LAYMEN)

We, the Area advisors, do approve the names of all board members of the Area executive board.

Rev/Mr. _____ Phone _____
Address _____ Name of Church _____
_____ Denomination _____
Signature _____

Rev/Mr. _____ Phone _____
Address _____ Name of Church _____
_____ Denomination _____
Signature _____

Rev/Mr. _____ Phone _____
Address _____ Name of Church _____
_____ Denomination _____
Signature _____

Mail to:

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

Global Field Office - International approval:

Signature _____
Title _____
Date Approved _____