



AGLOW CANDLELIGHT AFFILIATION/LEADERSHIP FORM

Aglow Candlelight Affiliation/Leadership Form Change of Leader Form

The Aglow Candlelight Group of _____
(Name of city/village) (Nation)
requests affiliation with Aglow International.

Dated this _____ of _____
(day) (month) (year)

We are a: (check one or more)

Bible Study Prayer Group Home Group

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.

Key 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 _____
 Denomination _____ Signature _____

Committee Member

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 _____
 Denomination _____ Signature _____

Committee Member

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 _____
 Denomination _____ Signature _____

Committee Advisor

Please answer the questions and sign:

Name _____ Are you filled with the Spirit with evidence of speaking in tongues?
 Address _____ Yes _____ No _____
 City _____ Do you agree with the points stated above?
 Nation _____ Yes _____ No _____
 Phone _____
 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

E-mail: intl.fieldoffice@aglow.org
Fax: (425) 778-9615

Approved by:

Aglow leadership for your nation

Signature _____

Date Approved _____

