



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 _____
Address _____
City _____
Nation _____
Phone _____
Denomination _____

Are you filled with the Spirit with evidence of speaking in tongues?
Yes _____ No _____
Do you agree with the points stated above?
Yes _____ No _____
Signature _____

Committee Member

Please answer the questions and sign:

Name _____
Address _____
City _____
Nation _____
Phone _____
Denomination _____

Are you filled with the Spirit with evidence of speaking in tongues?
Yes _____ No _____
Do you agree with the points stated above?
Yes _____ No _____
Signature _____

Committee Member

Please answer the questions and sign:

Name _____
Address _____
City _____
Nation _____
Phone _____
Denomination _____

Are you filled with the Spirit with evidence of speaking in tongues?
Yes _____ No _____
Do you agree with the points stated above?
Yes _____ No _____
Signature _____

Committee Advisor

Please answer the questions and sign:

Name _____

Address _____

City _____

Nation _____

Phone _____

Denomination _____

Are you filled with the Spirit with evidence of speaking in tongues?
Yes _____ No _____

Do you agree with the points stated above?

Yes _____ No _____

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 _____