

LOCAL AGLOW APPLICATION FOR AFFILIATION

PLEASE TYPE OR PRINT		
This group requests affiliation in AGLO	W INTERNATIONAL and requests recognition as the	
AGLOW LOCAL FELLOWSHIP in		
	(City & Country)	
Date		
(Day/month/year)		
We, the officers listed below, are in a agree to follow the policies of Aglow II	agreement with Aglow's statement of "What We Believe" and nternational.	
-	cation be denied, or should our affiliation be subsequently se of the name "AGLOW INTERNATIONAL" or any other name so	
PRESIDENT/CHAIRMAN	VICE PRESIDENT	
Name	Name	
	Home Address	
Mailing Address	Mailing Address	
City	City	
Country	Country	
Phone	Phone	
E-Mail	E-Mail	
Church & Denomination	Church & Denomination	
Languages you speak	Languages you speak	
SECRETARY	Treasurer	
Name	Name	
Home Address	Home Address	
Mailing Address	Mailing Address	
City	City	
Country	Country	
Phone	Phone	
E-Mail	E-Mail	
Church & Denomination	Church & Denomination	
Languages you speak	Languages you speak	

SECOND SECRETARY

Name	IF YOU WANT ALL AGLOW MAIL TO GO TO A POST OFFICE
Home Address	BOX PLEASE WRITE IT HERE:
Mailing Address	Box Number
City	City
Country	Country
Phone	-
E-Mail	-
Church & Denomination	-
Languages you speak	-
Advisors Of Local Aglow Fellowship	
Name	Phone
Address	
	Denomination
Name	Phone
Address	
	Daniel and a strain
Name	Phone
Address	
	Denomination
Meeting Place	_
Address	
City	
DayTime	
Week of month (circle one): 1 2 3 4	
Mail to:	
Aglow National leader for your nation	
Or	
Global Field Office – International	
Aglow International	
P.O. Box 1749	
Edmonds, WA 98020-1749, USA	
Approved by:	
Aglow National leader for your nation	
Signature	
Title	
Date Approved	