



**AFFILIATION AND CHANGE OF INFORMATION FORM  
(U.S.)**

*This form is for computer use; or, you can print and fill in by hand.*

The Men of Issachar (MOI), Aglow International of \_\_\_\_\_ requests:  
*(Name of City and Nation)*

New Affiliation with Aglow International

MOI Leadership Change of Information

Aglow ID#: \_\_\_\_\_

**IMPORTANT:** Please help us keep our records current by filling out this form *every time* there is a change of Leader information, making sure each Leader's name of your MOI Group is listed. **A position left blank will mean there is no Leader filling that position.** A new Change of Information form should be completed and sent with the approved Leadership Questionnaire when there are changes.. Thank you!

MOI Aglow International. We are a: *(check one or more)*

**Community Group**

**Target Group** (includes, but is not limited to, Growth and Enrichment; Prayer; Evangelism/Transformation; Service; Friendship and Mentoring)

Dated this \_\_\_\_\_ of \_\_\_\_\_  
*(Day) (Month) (Year)*

Describe the type of Men of Issachar Group you are starting:

\_\_\_\_\_  
\_\_\_\_\_

Meeting Place:	_____
Meeting Address:	_____
City, Nation, Post Code:	_____
Day of the week meeting:	_____

(Please note which Co-Leader will handle the MOI Finances for Community Groups)

**MOI Leader / Facilitator:**

\_\_\_\_\_

New Leader       New Address/Phone

Name \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_

Denomination \_\_\_\_\_

**MOI Co-Leader:** \_\_\_\_\_

New Leader       New Address/Phone

Name \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_

Denomination \_\_\_\_\_

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**MOI Co-Leader:** \_\_\_\_\_

New Leader       New Address/Phone

Name \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_

Denomination \_\_\_\_\_

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**MOI Co-Leader:** \_\_\_\_\_

New Leader       New Address/Phone

Name \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_

Denomination \_\_\_\_\_

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**MOI Co-Leader:** \_\_\_\_\_

New Leader       New Address/Phone

Name \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_

Denomination \_\_\_\_\_

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Send completed form to: your Aglow National  
Leader and also to Dave McDaniel, MOI Director

Or Scan and Email to: your Aglow National Leader and  
to [davemcdaniel@aglow.org](mailto:davemcdaniel@aglow.org)

Aglow International  
Attn.: Dave McDaniel, MOI Director  
P O Box 1749  
Edmonds WA 98020

*Approved by Men of Issachar Director, Aglow International*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date Approved*

Notes: \_\_\_\_\_

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\_\_\_\_\_