



Generations Affiliation & Change of Information Form

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 on your Generations Group is listed. **A Leader left blank should mean there is no Leader filling that position.** A new Leader should have all the information filled in **and** a copy of their approved Leadership Questionnaire should be included. Thank you!

The Aglow Generations Group of Aglow International: _____
(Name of city, nation)

New Affiliation with Aglow International Generations Leadership Change of Information
Date: _____ Aglow ID#: _____

We are a: *(check one or more)*

- Generations Group (ages 18-35) Teen Aglow Group (ages 12-17)
 Kid's Aglow Group (ages 6-11) Generations Combination Group (mixed ages)

Describe the type of Aglow Generations Group you are starting (age/focus): _____

What is your vision for this group? _____

When, where, and how often will you meet? _____

Generations Leader

New Leader New Address/Phone
Name: _____
Address: _____

E-mail: _____
Phone: _____
Cell Phone: _____

Generations Co-Leader

New Leader New Address/Phone
Name: _____
Address: _____

E-mail: _____
Phone: _____
Cell Phone: _____

Generations Co-Leader

New Leader New Address/Phone

Name: _____

Address: _____

E-mail: _____

Phone: _____

Generations Advisor

Name: _____

Address: _____

E-mail: _____

Phone: _____

Generations Co-Leader

New Leader New Address/Phone

Name: _____

Address: _____

E-mail: _____

Phone: _____

Please answer the question and sign:

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

Signature _____
(If filling out on-line, please type your name)

Please submit this form to your National Leadership for approval.

(If you don't know who this is, please contact Anna Gibbons at 425-775-7282 x 213 or generations@aglow.org)

National Leadership Approval:

Name: _____
(If filling out on-line, please type your name/title)

Title: _____

Signature and date:

Date: _____

Phone: _____

E-mail: _____

Send completed form to:

Aglow International

P.O. Box 1749

Edmonds, WA 98020-1749

E-mail: generations@aglow.org

Phone: 425-775-7282 - FAX: 425-778-9615