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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 oftheir approvedLeadership Questionnaire should be included. Thank you!

The Aglow Generations Group of Aglow International:

 *(Name of city, state)*

[ ]  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) \*

\*Background checks are required for leaders of groups with children 17 and under.

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 LeaderGenerations Co-Leader

[ ]  New Leader [ ]  New Address/Phone [ ]  New Leader [ ]  New Address/Phone

Name:       Name:

Address:       Address:

E-mail:       E-mail:

Phone:       Phone:

Cell Phone:       Cell Phone:

Generations Co-LeaderGenerations Co-Leader

[ ]  New Leader [ ]  New Address/Phone [ ]  New Leader [ ]  New Address/Phone

Name:       Name:

Address:       Address:

E-mail:       E-mail:

Phone:       Phone:

Cell Phone:       Cell Phone:

Generations Advisor Please answer the question and sign:

Name:       Are you filled with the Spirit with evidence of

Address:       speaking in tongues? [ ] Yes [ ] No

E-mail:

Phone:       Signature

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

Please submit this form to your Area Team for approval.
(If you don’t know who this is, please contact Anna Gibbons at 425-775-7282 x 213 or generations@aglow.org)

Area Team Approval:

Signature and date:

Name:       Date:

 *(If filling out on-line, please type your name/title)*

Title:       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