



# 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, 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)
- Kid's Aglow Group (ages 6-11) \*
- Teen Aglow Group (ages 12-17)\*
- 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 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: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

## Generations Advisor

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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

Phone: \_\_\_\_\_

## Generations Co-Leader

New Leader  New Address/Phone

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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

Phone: \_\_\_\_\_

Cell 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)*

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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](mailto:generations@aglow.org))

Area Team Approval:

Signature and date:

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

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Send completed form to:

Aglow International  
P.O. Box 1749  
Edmonds, WA 98020-1749

E-mail: [generations@aglow.org](mailto:generations@aglow.org)  
Phone: 425-775-7282 - FAX: 425-778-9615