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

(Name of City and Nation)

requests:

☐ 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 (Day) of (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: __________________________

(MOI Leader / Facilitator: __________________________

☐ New Leader  ☐ New Address/Phone

☐ MOI Co-Leader: __________________________

☐ New Leader  ☐ New Address/Phone

Name __________________________

Address __________________________

E-mail __________________________

Phone __________________________

Denomination __________________________

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

January 2018
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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

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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