AFFILIATION AND CHANGE OF INFORMATION FORM
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: (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 ___________ of ___________

(Year)  (Month)  (Day)

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

________________________________________________________________________

Meeting Place: ____________________________________________________________

Meeting Address: __________________________________________________________

City, Nation, Post Code: ____________________________________________________

Day of the week meeting: __________________________________________________

Meeting Time: ____________________________________________________________

(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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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 Aglow National Leader

Signature __________________________  Date Approved ____________

Approved by Men of Issachar Director, Aglow International

Signature __________________________  Date Approved ____________

Notes: _______________________________________________________

_____________________________________________________________

_____________________________________________________________