

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 requests: (*Name of City and State*) 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) (Month) (Year) of Describe the type of Men of Issachar Group you are starting: Meeting Place: Meeting Address: City, State, Zip Code: Day of the week meeting: (Please note which Co-Leader will handle the MOI Finances for Community Groups) **MOI Leader / Facilitator:** MOI Co-Leader: New Leader New Address/Phone New Leader New Address/Phone Name Name Address Address E-mail E-mail Phone Phone Denomination Denomination



MOI Co-Leader:	MOI Co-Leader:
New Leader New Address/Phone	New Leader New Address/Phone
Name	Name
Address	Address
E-mail	E-mail
Phone	Phone
Denomination	Denomination
MOI Co-Leader:	
New Leader New Address/Phone	
Name	
Address	
E-mail	
Phone	
Denomination	_
Send completed form to: to Dave McDaniel, <i>MOI Director</i>	Or Scan and Email to: to <u>davemcdaniel@aglow.org</u>
Aglow International Attn.: Dave McDaniel, MOI Director P O Box 1749 Edmonds WA 98020	
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pproved by Men of Issachar Director, Aglow Inter	



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