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| **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 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 | | of  *(Day)* | | | | *(Year) (Month)* | | | | | | | | | |  | | | |
|  | | | | | | | | | | | |  | | | | | | |  | | | | |  | | | | | |
| 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:** | | | | | | | | | | |  | **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 | | | | |  | | | | | | |  | | | | |

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| **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: 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*

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*Signature Date Approved*

*Approved by Men of Issachar Director, Aglow International*

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*Signature Date Approved*

Notes: