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| **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 State)* | 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, 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, *MOI Director* |  | Or Scan and Email to: to davemcdaniel@aglow.org |  |
| Aglow InternationalAttn.: Dave McDaniel, MOI DirectorP O Box 1749Edmonds WA 98020 |  |  |  |  |

*Approved by Men of Issachar Director, Aglow International*

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*Signature Date Approved*

Notes: