|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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](mailto: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*

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*Signature Date Approved*

Notes: