AFFILIATION AND CHANGE OF INFORMATION

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 new Change of Information form should be completed and sent with the approved Leadership Questionnaire.

The Men of Issachar (MOI), Aglow International of _____

requests the following: *Name of City (State or Nation)*

☐ **New Affiliation with Aglow International**

☐ **MOI Leadership Change of Information**

Aglow ID# _____ Date: _____

(day/month/year)

MOI Aglow International. We are a: (check one or more)

☐ **Huddle Group**

☐ **Target Group** (includes, but is not limited to, "Prayer; Evangelism/Transformation; Service; Friendship/Mentoring)

☐ **Virtual MOI Group**

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

_____

_____

_____

Meeting Information

Meeting Place: _____

Meeting Address: _____

City, (State or Nation), Post Code _____

Day of the week meeting: _____

Meeting Time: _____

Zoom Information

Zoom URL: _____

Meeting ID: _____ Passcode: _____

Call-In Number: _____

Meeting ID: _____ Passcode: _____

MOI PRESIDENT:

☐ New Leader ☐ New Address/Phone

Name:______________________________
Address:____________________________
City:_______________________________
State:______________________________
Zip:________________________________
Email:______________________________
Phone:_____________________________
Denomination:_______________________

MOI VICE PRESIDENT

☐ New Leader ☐ New Address/Phone

Name:______________________________
Address:____________________________
City:_______________________________
State:______________________________
Zip:________________________________
Email:______________________________
Phone:_____________________________
Denomination:_______________________

MOI CO-LEADER

☐ New Leader ☐ New Address/Phone

Name:______________________________
Address:____________________________
City:_______________________________
State:______________________________
Zip:________________________________
Email:______________________________
Phone:_____________________________
Denomination:_______________________

MOI CO-LEADER

☐ New Leader ☐ New Address/Phone

Name:______________________________
Address:____________________________
City:_______________________________
State:______________________________
Zip:________________________________
Email:______________________________
Phone:_____________________________
Denomination:_______________________

MOI CO-LEADER

☐ New Leader ☐ New Address/Phone

Name:______________________________
Address:____________________________
City:_______________________________
State:______________________________
Zip:________________________________
Email:______________________________
Phone:_____________________________
Denomination:_______________________

MOI CO-LEADER

☐ New Leader ☐ New Address/Phone

Name:______________________________
Address:____________________________
City:_______________________________
State:______________________________
Zip:________________________________
Email:______________________________
Phone:_____________________________
Denomination:_______________________

Approval Required:

- Send to National Leader (for International applications) or Area Team President (for USA applications) for Approval.

National Presidents (International Field): Please email approved form to Janae Lovern, International Field Director for affiliation. Janae will forward to MOI Director, Dave McDaniel, for approval.
USA Area Team: Please email forms to Dave McDaniel for approval, the US Field Office will finalize official affiliation of approved forms.

Aglow International
P.O. Box 1749
Edmonds, WA 98020-1749, USA
Email: JanaeLovern@aglow.org DaveMcDaniel@aglow.org

Approved by:

The Aglow Leader

Aglow National President	*Date* (*day/month/year*)
Aglow Headquarters MOI Director Signature	*Date* (*day/month/year*)