



NEW MEMBERSHIP APPLICATION

Name: _____

Address: _____

Email: _____

Phone number: _____

Occupation: _____

I have read and agree with the Aglow statement 'What we believe'

I give permission for:

- My name
- Address & Email
- Telephone number

To be included on the Aglow membership list

Membership fee is \$40 per year

(You can pay this fee to your local Aglow or to National Office)

Amount paid: _____

Signature: _____

Date: ____/____/____

PLEASE FORWARD TO AGLOW NZ, INC PO BOX 50060, PORIRUA 5024



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