



\_\_\_ YES! I want to become a new Global Partner with Aglow International! I have enclosed my annual fee of \$30.

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\_\_\_ YES! I want to renew my Global Partnership with Aglow International! I have enclosed my annual renewal fee of \$30. GP# \_\_\_\_\_

\_\_\_ YES! I want to renew my Global Partnership with Aglow International! I have enclosed my annual renewal fee of \$30. GP# \_\_\_\_\_

\_\_\_ YES! I want to renew my Global Partnership with Aglow International! I have enclosed my annual renewal fee of \$30. GP# \_\_\_\_\_

**METHOD OF PAYMENT**

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\_\_\_ By credit/Debit Card using the card information below.

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\_\_\_ Visa \_\_\_ MCard \_\_\_ Debit \_\_\_ AMEX \_\_\_ Discover

\_\_\_ Visa \_\_\_ MCard \_\_\_ Debit \_\_\_ AMEX \_\_\_ Discover

\_\_\_ Visa \_\_\_ MCard \_\_\_ Debit \_\_\_ AMEX \_\_\_ Discover

Credit/debit card # \_\_\_\_\_

Credit/debit card # \_\_\_\_\_

Credit/debit card # \_\_\_\_\_

Expiration date \_\_\_\_\_

Expiration date \_\_\_\_\_

Expiration date \_\_\_\_\_

Name on card \_\_\_\_\_

Name on card \_\_\_\_\_

Name on card \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

**YOUR INFORMATION**

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**YOUR INFORMATION**

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Street \_\_\_\_\_

Street \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Lighthouse name \_\_\_\_\_

Lighthouse name \_\_\_\_\_

Lighthouse name \_\_\_\_\_

Mail completed form to: Aglow Int'l, PO Box 1749, Edmonds, WA 98020

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