

# New AI-Anon Group Registration Form

Please submit this form through your Area Group Records Process or the WSO

## 1. Group Record

District Number \_\_\_\_\_ Area Name (Abbreviation) \_\_\_\_\_

## 2. Status

New  Not Sure If Registered

## 3. Group/Registration Overview

Group Name\* \_\_\_\_\_

\* Reflects AI-Anon principles and is inviting to all. See instructions to fill out the form. Please note that group names not in compliance with the AI-Anon policy will delay processing of the registration. Contact your Area Group Records Coordinator or the WSO for further information.

Mailing Language \_\_\_\_\_

## Location

Meeting Place \_\_\_\_\_

Meeting Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Group email \_\_\_\_\_

## Phone Contact for the Public

First Name \_\_\_\_\_ Phone Number \_\_\_\_\_

First Name \_\_\_\_\_ Phone Number \_\_\_\_\_

## 4. Meeting Details

Day \_\_\_\_\_ Time \_\_\_\_\_  AM  PM

Type:  Open  Closed

Spoken Language \_\_\_\_\_ Member Count \_\_\_\_\_

Beginners\*  Introductory\*\*  Limited Access\*\*\*

Handicap Access  Child Care  Fragrance Free

Smoking Permitted  Sign Language

Location Instructions \_\_\_\_\_

## Additional Meeting

Day \_\_\_\_\_ Time \_\_\_\_\_  AM  PM

Type:  Open  Closed

Spoken Language \_\_\_\_\_ Member Count \_\_\_\_\_

Beginners\*  Introductory\*\*  Limited Access\*\*\*

Handicap Access  Child Care  Fragrance Free

Smoking Permitted  Sign Language

Location Instructions \_\_\_\_\_

\*held in conjunction with a regular AI-Anon group meeting, not considered an AI-Anon group. Provide newcomers a simple introduction to AI-Anon.

\*\* Attendance changes frequently; not considered an AI-Anon group. Attendees are invited to go to regular AI-Anon meetings.

\*\*\* Meeting access is limited due to the facility's entry restrictions. These groups meet at sites such as military bases, institutions, industrial plants, or schools.

## 5. Current Mailing Address (WSO mail for the group is sent to the postal and email addresses)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street/PO Box \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

CMA email address is entered here. Please enter Group email address in section #3 (See instructions for more information)

## 6. For Area Use

Group Rep  Other

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street/PO Box \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

The WSO will register any group designating itself as an AI-Anon Family Group with the understanding that it will abide by the Traditions and that meetings will be open to any AI-Anon members. AI-Anon/Alateen Service Manual (P24/27), "Digest of AI-Anon and Alateen Policies"

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_