Families Anonymous New Group Registration

Section 1

Meeting Start Date _____ The WSO will assign the Group # ☐☐☐☐

Section 2: Meeting Information

Country _____ State/Province _____

City _____ Zip / Postal Code _____

Facility Name _____

Address _____

Instructions _____

Meeting Day(s) _____ Time ___:___ AM ☐ PM ☐

Group Contact Phone 1 ___-___-___ Phone 2 (optional) ___-___-___

Group Web Site (optional) _____

Group Contact eMail Address _____

Section 3: Group Secretary Information

Full Name _____

Street Address _____

City _____ State/Province _____

Country _____ Zip / Postal Code _____

Secretary Phone 1 ___-___-___ Phone 2 (optional) ___-___-___

Secretary eMail Address _____

Section 4: Group Secretary Signature

By signing your name below, you are giving Families Anonymous (FA) permission to use the Group Contact e-mail address and Group Contact Phone # on the FA website.

Signature _____ Date ___-___-___

For FA WSO Use Only

DB Update by: Date: Rcvd via: Mail ☐ Fax: ☐ eMail ☐ Phone ☐