

Families Anonymous Existing Group Registration

Section 1: Reason for Change. Please check ALL that apply

Group # Annual Re-registration Effective Date: _____
Meeting Change Secretary Change Group Closed

Section 2: Meeting Information

Country _____ State/Province _____
City _____ Zip / Postal Code _____
Facility Name _____
Address _____
Instructions _____
Average Weekly Attendance _____
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