

Families Anonymous Existing Group Registration

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

Group #

Effective Date: _____

Annual Re-registration

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