

**Group Information for Group Records Coordinator**  
Districts 4 and 9, Youngstown, Ohio

Please fill in the following information and return to the Group Records Coordinator  
*Note: Please provide all information regardless of whether there is a change or not*

Name of group \_\_\_\_\_ Group ID Number \_\_\_\_\_

Name of meeting place \_\_\_\_\_

Address of meeting place \_\_\_\_\_

Day of the week the group meets \_\_\_\_\_ Al-Anon \_\_\_\_\_ Alateen \_\_\_\_\_

Time the group meets \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_ *Meeting is: \_\_\_\_\_ Open \_\_\_\_\_ Closed*

Please check all that apply:

Beginners Meeting \_\_\_\_\_ Babysitting \_\_\_\_\_ Non-smoking \_\_\_\_\_ Wheelchair Accessible \_\_\_\_\_

Other comments \_\_\_\_\_

**Group Representative:**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**Alternate Group Representative:**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**Secretary:**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**Treasury:**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Microsoft Word version of the form and mailing address available upon request.

Please e-mail: [group-records@al-anonohiodist4-9.org](mailto:group-records@al-anonohiodist4-9.org)