

Districts 4 and 9 Group Information

Please fill in ALL the 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 (circle) M T W Th F Sa Su Meeting Type: Al-Anon / Alateen

Time the group meets ___:___ AM / PM until ___:___ Meeting is: ___ Open ___ Closed

Please check all that apply: Beginners (time) ___:___ Non-smoking Wheelchair Accessible Babysitting

Other notes _____

CMA (Current Mailing Address) This must be the same as WSO's records
Name
Address
e-mail

Contacts (WSO refers newcomers and visitors to these members for information about your meeting)

First name	Phone #
First name	Phone #

Please check all who wish to receive bulletin and other correspondences. If no email for the group, hard copies will be mailed to the CMA.

Group Representative: Name Address Phone <input type="checkbox"/> e-mail:	Alternate Group Representative: Name Address Phone <input type="checkbox"/> e-mail:
Secretary: Name Address Phone <input type="checkbox"/> e-mail:	Treasurer: Name Address Phone <input type="checkbox"/> e-mail:

Please return the form via E-mail: group-records@al-anonohiodist4-9.org, or snail-mail to:

Sandy Odille, 49 Mabel Dr., West Middlesex, PA 16159

Copy of the form is also available from the district website, www.al-anonohiodist4-9.org (under "Contact US")