

The Augustine Fellowship,
Sex and Love Addicts Anonymous,
Fellowship-Wide Services, Inc.

*NOTE: This form is for
EXISTING GROUPS
registered with F.W.S.

GROUP CHANGES FORM

TODAY'S DATE _____

CURRENT GROUP INFORMATION

F.W.S. GROUP ID _____ GROUP LOCATION _____

MEETING DAY _____ TIME of MEETING _____

ONLY ENTER CHANGED INFORMATION BELOW

WHAT ARE YOU CHANGING?

(This information WILL BE PUBLISHED in the World Directory.)

GROUP NAME (optional) _____

MEETING DAY(s) and TIME(s) _____

FORMAT (check all that apply)

<input type="checkbox"/> OPEN	<input type="checkbox"/> CLOSED	<input type="checkbox"/> DISCUSSION	<input type="checkbox"/> SPEAKER
<input type="checkbox"/> other (describe) _____	<input type="checkbox"/> TOPIC	<input type="checkbox"/> BIG BOOK	<input type="checkbox"/> STEP/TRADITION
<input type="checkbox"/> other (describe) _____	<input type="checkbox"/> WOMEN'S	<input type="checkbox"/> NO SMOKING	<input type="checkbox"/> NO FRAGRANCES
<input type="checkbox"/> other (describe) _____	<input type="checkbox"/> LITERATURE	<input type="checkbox"/> GAY/LESBIAN	<input type="checkbox"/> PRISON
<input type="checkbox"/> other (describe) _____	<input type="checkbox"/> SCREENED	<input type="checkbox"/> LANGUAGE _____	<input type="checkbox"/> CO-SLAA

LOCATION (building, room) _____

STREET ADDRESS _____

CITY, ST/PROV, ZIP, COUNTRY _____

MISCELLANEOUS (email, etc.) _____

NEWCOMER CONTACT INFORMATION

Name: _____ Tel #: _____

INTERGROUP AFFILIATION _____

F.W.S. OFFICE GROUP CONTACT INFORMATION

(confidential, WILL NOT be published. This is where your F.W.S. News and other mailings go)

Email F.W.S. News and flyers instead of sending US Mail 3-4 times per year? NO YES *(please fill in email below)*

Primary Group Email _____ Alternate Email _____

NAME _____

ADDRESS _____

CITY, ST/PROV, ZIP, COUNTRY _____

PHONE NUMBER(S) _____

F.W.S. OFFICE ALTERNATE GROUP CONTACT INFORMATION

(confidential, WILL NOT be published)

NAME _____

ADDRESS _____

CITY, ST/PROV, ZIP, COUNTRY _____

PHONE NUMBER(S) _____

PERSON SUBMITTING CHANGES

The person noted in this section has discussed the above changes with his/her group.

NAME _____

PHONE NUMBER _____