

*NOTE: This form is for new groups not yet registered with F.W.S.

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

GROUP REGISTRATION FORM

It is important for groups to register with the F.W.S. office so that they may receive informational mailings. Registration is indexed by the zip code of the meeting's address, so please be sure that the zip code is noted correctly. Please include newcomer contact information that can be a first name and phone number, or a group or Intergroup information line phone number. The group information (meeting time, place, newcomer contact information, etc.) will be published in the World Directory and given out by phone. The group F.W.S. Office Contact information will NOT be published or given out; it will be used ONLY by the F.W.S. office. Your Group Contact will be sent informational mailings, acting as liaison to the F.W.S. office. Therefore, it is essential that the F.W.S office have up-to-date and accurate information on your Group Contact. For future changes to any of this information, please notify us in writing using the convenient Group Changes Form.

GROUP CONTACT INFORMATION
(This information WILL BE PUBLISHED in the World Directory)

TODAY'S DATE _____

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"/> SCREENING	<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 #: _____

IS GROUP A MEMBER OF AN INTERGROUP? NO YES (please fill in name below)

INTERGROUP NAME _____

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(confidential, WILL NOT be published.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) _____

MEETINGS HAPPENING ONLINE
(WILL BE PUBLISHED in World Directory)

Complete all information in the grey area above and add here special instructions, addresses, key words, etc., pertaining to your online meeting.
