Al-Anon Electronic Meeting: Group Registration Form

Note: Please read the guidelines carefully before filling up the form.

Group Record

1.What audience does the group seek to attract?
     Local /Regional
     All India
     Global

2.District number *(if applicable)* ………………………………

3.Status
     New
     Registered/Update
     Not sure

Group/Registration overview

The group name should reflect Al-Anon principles and should be inviting to all.

Contact GSO for further information.

1.First meeting date/month/year   …………………..

2. Group name……………………………………….

3. Meeting Language.   English.   Hindi.   Other …………………..

(Please specify if the meeting is bi-lingual /multilingual)

4. Location: Platform must be kept constant at least for 6 months. Choose one

   Phone.   Email.   Chat.   Blog

   Instant Messaging (Skype, WhatsApp,etc)v

   Web Conferencing (eg Zoom, WebEx etc)

   Social media (eg Facebook, Instagram etc)

   Other (please specify)

5. Meeting joining details : Email / URL / Dial-in-number ………………..

Access code if any ………………………. Meeting ID ……………………………..

Link ……………………………………………………………………………………

Password (if to be displayed) …………………

Meeting joining instructions : ……………………………………………………………

………………………………………………………………………………………………

Is it a special focus meeting ? : Yes/ No

If Yes, Select all applicable.

Grand parents of alcoholics   Parents of alcoholics

Men   Women   Young Adults

Adult Children   LGBTQIA+   Literature Meeting

Group e-mail ID / Phone contact for the public

Group email id ………………………………………………………………

Helpline number. ………………………………………………………………

Current Mailing Address (CMA)

CMA Name………………………………………………………………………..

CMA Address………………………………………………………………………..

City……………………………………..   State …………………………………….

Pincode……………………………..   Country…………………………………..

CMA phone number ………………   CMA email* …………………………………….

Meeting Details

Day ………………….. Time …………... AM/PM (IST)

Meeting attendees

Families and Friends only   Families, friends and observers welcome

Meeting language……………………..   Member count ……………

Type of meeting : Open/close ……………….

Additional Meetings

Day ………………….. Time …………... AM/PM (IST)

Meeting attendees

Families and Friends only   Families, friends and observers welcome

Meeting language……………………..   Member count ……………

Sign language. Yes/No.   Type of meeting ……………….

Any Other Information ....

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Name and signature of Group Office bearer with date

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For Office Use Only:

Note:
Once you print it and fill it, please scan and email it as an attachment to support@al-anonalateenindia.org and alanontrust.admn@gmail.com