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

Note:
If you have opened this form in Acrobat Reader, you can fill in the fields and click submit button to submit the data. However, if you have any other PDF reader, you will need to fill it, save it, and then email it to support@al-anonalateenindia.org and alanontrust.admn@gmail.com