



# Greater Mobile Area



## NEW GROUP REGISTRATION/UPDATE FORM

Please complete all information (Please print clearly)

Group Code (if known)

Today's Date


Group Name

This group was formed (month/year)

This group holds

meeting(s) per week

### Group's Meeting Information

Meeting Days	Sun	Mon	Tues	Wed	Thur	Fri	Sat
Meeting Time							
Language(s)							
Format							
Wheelchair Accessible 							
Room Name							
Open/Closed*							

\*Open NA meetings welcome addicts and interested observers; closed NA meetings welcome addicts only.

### Meeting Location

OLD (if applicable)

NEW

Place / Building Name		
Address		
City		
Borough / Sub-City		
State/Province		
Zip/Postal & Country		

If this meeting is held in a correctional or treatment facility, are there special criteria for entry?

### Group Contact

Group Contact Name:

Address

City

State/Province

Zip

Phone (     )

Email Address

Please return this form to: Greater Mobile Area ASC Committee