ANNUAL GROUP REGISTRATION PRINT FORM

Yearly registration with the F.W.S. office is an important part of starting and maintaining your S.L.A.A. Group. When you register your Group for the first time, you will receive a Registration ID number. This number helps us to serve you more efficiently when you contact the Office or make a contribution or purchase. It is vital that accurate registration information be maintained so that F.W.S. can assist those searching for meetings, and also track the growth of S.L.A.A.

Refer to [https://www.slaafws.org/members/](https://www.slaafws.org/members/) under Guidelines for important guidelines and policies.

**PUBLIC GROUP INFORMATION**

Has your Group registered before?  [ ] No or Unknown  [ ] Yes, Our Group ID is: ___________________________

Is your Group a member of an Intergroup?  [ ] No  [ ] Yes, member of: ____________________________________

Group Name __________________________________________________________________________________

Meeting Day(s)/Time(s) ___________________________________________________________________________

Location (building, room) __________________________________________________________________________

Street Address/P.O. Box ___________________________________________________________________________

City _____________________________________ State/Province _________________________________________

Postal Code __________________________________ Country ___________________________________________

Contact Email __________________________________________________________________________________

Contact Phone(s) _______________________________________________________________________________

Website Address(es) _____________________________________________________________________________

Language(s) Spoken _____________________________________________________________________________

Meeting Format (check all that apply)

- [ ] Open meeting (OM) [Open to Anyone]
- [ ] Closed meeting (CM) [For Addicts Only]
- [ ] Men Only (MO)
- [ ] Women Only (WO)
- [ ] Newcomers Meeting (NC)
- [ ] Getting Current (GC)
- [ ] Healthy Relationships Focus (HR)
- [ ] Lesbian/Gay/Bisexual/Transgender (LGBT)
- [ ] Lesbian/Gay/Bisexual/Transgender/Friends (LGBTF)
- [ ] H.O.W. Meeting (HOW)
- [ ] Anorexia Focus (AF)
- [ ] Steps 1, 2, and 3 (123)
- [ ] Book Study (BS)
- [ ] Topic Discussion (TD)
- [ ] Speaker (S)
- [ ] Lesbian/Gay/Bisexual/Transgender/Step Study (SS)
- [ ] Fork Study (TS)
- [ ] Multiple Addictions (MA)
- [ ] Anorexia Focus (AF)
- [ ] Handicapped Accessible (HA)
- [ ] No Fragrances (NF)
- [ ] Child Care Available (CC)
- [ ] Varied Format (VF)
- [ ] Screened (SCR)
- [ ] Prison (PR)

**F.W.S. OFFICE INTERNAL COMMUNICATION - GROUP CONTACT**

This section is confidential and will not be posted, you may enter your personal contact info here.

*Sign up for the F.W.S. Newsletter and e-Bulletins at [https://www.slaafws.org](https://www.slaafws.org).*

Contact Person _________________________________________________________________________________

Primary Email ___________________________________ Phone Number(s) _________________________________

**F.W.S. OFFICE INTERNAL COMMUNICATION - ALTERNATE GROUP CONTACT**

This section is confidential and will not be posted, you may enter your personal contact info here.

Contact Person _________________________________________________________________________________

Primary Email ___________________________________ Phone Number(s) _________________________________

Signature ___________________________________________________ Date _______________________________

YOU CAN FILL OUT THIS FORM ONLINE AT [HTTPS://WWW.SLAAFWS.ORG/GROUPREGFORM](HTTPS://WWW.SLAAFWS.ORG/GROUPREGFORM)

OR FAX THIS SHEET TO +1 210-828-7922

OR MAIL THIS SHEET TO: Augustine Fellowship  1550 NE Loop 410, Ste 118 San Antonio, TX 78209 U.S.A.

For Questions: [https://www.slaafws.org/contact](https://www.slaafws.org/contact)  Call +1 210-828-7900