

# AI-Anon Family Groups New Electronic Meeting Registration Form

Please note: Due to safety concerns, electronic Alateen meetings are only administered by the WSO

The WSO will register an electronic AI-Anon meeting with the understanding it will abide by the Traditions and that meetings will be open to anyone who is affected by someone else's drinking.

**Meeting Attendees** (choose one):  Families and Friends Only  Families, Friends and Observers Welcome

**Participant Designations** (optional):  Adult Children  Men  Young Adults  
 Parents of Alcoholics  Women  LGBT

**Language:** \_\_\_\_\_ **Mailing:** (please check one):  English  French  Spanish  
*Meeting (Spoken/Written)*

**Meeting Name:** \_\_\_\_\_  
(Please select a name that reflects AI-Anon principles and does not include reference to any outside entity.)

**Additional Meeting Information** (e.g. Beginners, Step Study, etc.) \_\_\_\_\_

**Platform** (choose one):  Phone  AI-Anon Family Groups App  Email  Chat  Blog  Bulletin Board  
 Instant Messaging (e.g. Skype, WhatsApp, etc.)  Web Conferencing (e.g. Zoom, WebEx, etc.)  
 Social Media (e.g. Facebook, Instagram, etc.) \_\_\_\_\_  
(Please specify which app)

**Host (required for AI-Anon Family Groups App meetings)**  
First Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
**(Provide the same information used to sign up for the app)**

**Meeting Location:** (Email or URL or Phone number where newcomers go to join the meeting)  
\_\_\_\_\_

**Access Code:** \_\_\_\_\_ **Meeting ID:** \_\_\_\_\_ **Password** (if to be displayed) \_\_\_\_\_

24/7 OR **Day(s):** \_\_\_\_\_ **Time:** \_\_\_\_\_ **AM** \_\_\_\_\_ **PM** \_\_\_\_\_ **Time Zone:** \_\_\_\_\_

**Do you observe Daylight Saving/Summer Time?**  Yes OR  No if so, when \_\_\_\_\_

## Current Mailing Address (CMA) and Meeting Contacts

All electronic meetings require a CMA with a postal and email address. The CMA is the trusted servant who shares WSO mailings with members at the meeting. The meeting may have up to two meeting contacts for the public. See instructions for details.

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_  
Street Address/PO Box: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
Country: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Mail from the WSO to all electronic meetings may be sent to the CMA's personal email address.

Contact First Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Contact First Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Return completed form to:** AI-Anon Family Group Headquarters, Inc., 1600 Corporate Landing Pkwy, Virginia Beach, VA 23454  
Fax: (757) 563-1656 email: AFGRecords@al-anon.org