2026

Districts 4 and 9 Al-Anon Group Information Form Date: ……..……

Name of group: …….. District ……. Group ID #: _____ Name of meeting place: ……..

Address of meeting place: ……

Day of the week the group meets (circle) M T W Th F Sa Su Meeting Type: Al-Anon Alateen

Time the group meets: ___:___ am /pm until ___:___ Beginner's ___ (time) _____ Wheelchair Accessible _____

Please check all that apply: *Meeting attendees:* Families, Friends & Observers ____ Families & Friends only ____

Number of meeting attendees ……..

Face to Face: …….. Following State Guidelines …….. Other ……

Online (Zoom:) I.D. # _____ Pass code _____ *Time:* "Doors" open _____ Meeting _____

Virtual Meeting: *(no computer necessary)* Dial …… Access code ……..

CMA (Current Mailing Address) This must be the same as World Service Office records

Name: …….. Phone # ……..
Address: ……..
e-mail:

Contacts: (2) ***World Service Office refers newcomers and visitors to these members for information about your meeting***

First name:	Phone #
First name:	Phone #

Group Representative: Name: …….. Address: …….. …….. Phone# cell …….. home …….. E-mail: ……	**Alternate Group Representative:** Name: …….. Address: …….. …….. Phone# cell …….. home …….. E-mail: ……
Secretary: Name: …….. Address: …….. …….. Phone# cell …….. home …….. E-mail: ……	**Treasurer:** Name: …….. Address: …….. …….. Phone# cell …….. home …….. E-mail: ……

Mail to: Debbie K, 1815 Cardigan St., Niles, OH 44446
Or scan in pdf format and email to deb44446@yahoo.com
Any questions, please email group-records@al-anonohiodist4-9.org or call Debbie K @ 330-647-2917.
Thank you!