

ATLANTIC CAPE INTERGROUP

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1976



CELEBRATING OVER 30 YEARS OF SERVICE



2006

GROUP REGISTRATION FORM

NEW REGISTRATION CHANGE OF REP. CHANGE OF MEETING INFORMATION

NAME OF GROUP: _____

Is your group registered with the AA General Service Office? Yes _____ No _____

If "Yes", what is your group's General Service Number: _____ District: _____

GROUP ANNIVERSARY DATE: _____

Meeting place and address: _____

NAME OF INTERGROUP REP: _____ New? Yes _____ No _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ CELL PHONE NUMBER _____

E-MAIL ADDRESS: _____

NAME OF REP BEING REPLACED (If Applicable) _____

NAME OF ALTERNATE REP: _____ New? Yes _____ No _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ CELL PHONE NUMBER _____

E-MAIL ADDRESS: _____

Fill in your group's meetings information on the reverse of this form. Sign and return to CAIG.

