

PLEASE FILL OUT THIS FORM AND RETURN IT TO THE NATIONAL OFFICE

The National Office of Alcoholics Anonymous Australia

48 Firth St ARNCLIFFE NSW 2205

Ph: (02) 9599 8866 Fax: (02) 9599 8844

GROUP REGISTRATION FORM

Group Name	_____						
Suburb	_____	State	_____	AA Area	_____		
Meeting Day (tick)	Mon <input type="checkbox"/>	Tue <input type="checkbox"/>	Wed <input type="checkbox"/>	Thur <input type="checkbox"/>	Fri <input type="checkbox"/>	Sat <input type="checkbox"/>	Sun <input type="checkbox"/>
Meeting Start Time							
Meeting Place (church, school etc)	_____						
Year Group Started	No. of Members			Average Attendance			

Group Postal Address	<u>Only fill in this section if your group has a permanent postal address</u>		
Address	_____		
Town or Suburb	State	Post Code	

Secretary Contact Details	<u>Only fill in this section if your group does not have a permanent postal address</u>		
Name	_____		
Address	_____		
Suburb	State	Post Code	
Phone	Mobile	_____	
Email	_____		

PUBLIC LIABILITY INSURANCE

Does your group require a certificate of currency? _____ (yes/no)

For more information on the policy or whether or not your group needs a certificate, contact National Office

The premiums for this insurance are expensive and the scheme is costly to administer. We suggest that groups support the National Office by donating 30% of their surplus funds. Many groups are already providing this level of support and do not need to contribute an additional amount. We include the pamphlet 'group donation plans' for your guidance. The percentage of surplus funds you donate ought to be decided at a group conscience meeting. To register in the scheme, the group's secretary needs to complete and sign the following statement. Thank you for your support.

Our group conscience has agreed to donate _____% of our surplus funds to the National Office of AA to defray the cost of public liability insurance and the other services it provides.

Signed _____
Group Secretary