Intergroup Representative Information

Please fill this form and return it to the Intergroup

Name:				Date:	
Group Name:					
Group Business Meet	ing Place & Time:				
Building (Name of Chure	•	•			
Phone Number:				- 4-4-14	
E-Mail:					
you have specific time	s that you would lik	e to be conta	cted, please n	ote this nex	t to you phone number
Would you like to rece	ive the Add-A-Line	in a monthly	E-Mail?	YES	NO
Would you like to be a lif YES please ar What Days & Tir	•			NO	·
What area of tov	vn are you in?				
This is a list of contacts of contacts of contacts of contacts of contacts of the contact of the contacts of the contact of the	that would be willing the thing the things t	ng to call an a epper's inforn	lcoholic. Internation for you	group will n to call them	ever give out your .)
	ted in volunteering the Chairperson of				nmunity, please circle
ARCHIVES .	ADD- A- LINE	BANQUET	(FUNDRAISE	RS)	CORRECTIONS
CPC (Cooperation with the	ne Professional Com	munity)	OFFICE \	/OLUNTEE	R
PI (Public Information)	TREATMENT	0	THER:		
hank you for your willing				We will not	give out any of this
The purpose of your cont	act information is to	keep you info	med about into	ergroup. If y	ou no longer wish to

(updated 06/22/2017)

List.

receive any information, just E-Mail us at neflintergroup@gmail.com and we will remove you from our E-Mail