

Nar-Anon Group Registration Form

Groups are registered with the World Service Office (WSO) with the understanding that they will abide by all the Nar-Anon traditions and have no outside affiliation. Please provide all information so our files are up to date.

Group Name: Start Date:
Meeting Location:
Address: City:
County: State / Province: ZIP / Postal Code:
Day(s) of Week: Time(s):
Country: Meeting Language:
Additional Meeting Information:

Special Meeting Comments or Features:

CONTACT INFORMATION:

First Name: Service Position:
Last Name: Address:
City: State / Province: ZIP / Postal Code:
Phone Number: E-mail address:
 Check this box if WSO can provide your telephone number to people looking for a meeting or who are seeking help for problems with addiction in their lives.

ADDITIONAL CONTACT INFORMATION: First Name:

First Name: Service Position:
Last Name: Address:
City: State / Province: ZIP / Postal Code:
Phone Number: E-mail address:
 Check this box if WSO can provide your telephone number to people looking for a meeting or who are seeking help for problems with addiction in their lives.

PHONE CONTACT(S)

Please provide telephone numbers of those who are willing to have their first names and phone numbers listed with us. Newcomers often need directions to a meeting in your area. Thanks for your help.

First Name: Phone Number:
First Name: Phone Number:
First Name: Phone Number:

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