



Group Registration & Update form

By completing this form your group will be included in all electronic & printed communications produced by the Victorian CSO.

Name of Group:			
Meeting Day & Time:			
Meeting Location:			
Please indicate:		Wheelchair Access	Open Meeting
Number of Meeting Lists required: published bi-monthly—50c + freight		Number of copies of The News required—produced monthly, \$48 per annum	
Secretary	First Name		
	Family Name		
	Email		
	Phone Numbers		
Treasurer	First Name		
	Family Name		
	Email		
	Phone Numbers		
Central Service Delegate	First Name		
	Family Name		
	Email		
	Phone Numbers		
DELIVERY ADDRESS for literature orders and all CSO communications			

Volunteers able to take 12 Step calls

NAME	OWN TRANSPORT	SUBURB	OTHER LANGUAGE	TELEPHONE
Anniversary DATE				
DATE of completing this form				