



**Native American Indian Alcoholics Anonymous
Registration Form for Individuals**



I am an individual who is willing to be a point of contact to carry the message of AA to the alcoholic who still suffers. I authorize my name and information as I have recorded it on this form to be included in the Native American Indian Alcoholics Anonymous Directory. In order to be included in the directory NAIGSO must receive your original signed copy of this form. To help us be self-supporting it is suggested that each member on his or her sobriety birthday contribute one dollar per recovery year to NAIGSO.

Name: _____
 Address: _____
 City/State/ZIP Code: _____
 Telephone Number: _____ E-mail address: _____
 Tribal Affiliation: _____
 Signature: _____ Date: _____
 Please return the completed form to:

NAIGSO, P.O. Box 1253, Lakeside, CA 92040
 Telephone (256) 762-0329 E-mail: generalmanager@naigso-aa.org



**Native American Indian Alcoholics Anonymous
Group Registration Form**



Is your group: AA _____
 Group name: _____ Date group was started: _____
 Meeting location: _____
 Address: _____
 City/State/ZIP Code: _____
 Reservation: _____ Nation: _____

Meeting day:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Meeting time:							

Point of Contact for the group
 Name: _____
 Address: _____
 City/State/ZIP Code: _____
 Telephone Number: _____ E-mail address: _____
 Tribal Affiliation: _____
 Signature: _____ Date: _____
 Please return the completed form to:

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