



**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 contribute one dollar per recovery year to NAIGSO.

Name: _____
 Address: _____
 City/State/Zip Code: _____
 Telephone Number: _____ Email: _____
 Tribal Affiliation: _____
 Signature: _____ Date: _____

Please return completed form to:

NAIGSO PO Box 838 Rogersville, AL 35652
 Telephone (256) 762-0329 Email: generalmanager@naigso-aa.org



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



Group Name: _____ Date Group Started: _____
 Meeting Location: _____
 Address: _____
 City/State/Zip Code: _____
 Reservation: _____ Nation: _____

Meeting Day:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Meeting Time:							

Please return completed form to:

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