

EMOTIONS ANONYMOUS INTERNATIONAL
New Group/Group Update Form

THIS SECTION FOR NEW GROUPS ONLY

*Your group information is very important.
Please always keep us informed!*

City _____ State/Province _____ County _____ Country _____

Day & Time _____ Meeting Place _____

Address & Zip _____

1ST CONTACT INFORMATION:

NAME _____ STREET ADDRESS _____

CITY, STATE, ZIP _____ E-MAIL ADDRESS _____

TELEPHONE _____

Your full name and address are used for EA-related mailings;
first name and telephone are used on various meeting lists.
E-mail address is on web site *only*.

2ND CONTACT: (OPTIONAL) _____ TELEPHONE: _____

NOTE:

The first name, e-mail, & phone number of the contact person are included on the EA web site.

If you *don't* want contact person information listed on the EA web site please check here: _____

UPDATE OR GROUP CHANGES

FORMER GROUP INFORMATION:

City _____

State/Province _____

County _____ Country _____

Day & Time _____

Meeting Place _____

Address & Zip _____

FORMER 1ST CONTACT PERSON INFORMATION:

Name: _____

Street Address: _____

City, State: _____ Phone: _____

E-Mail _____

FORMER 2ND CONTACT: (OPTIONAL)

Name: _____

Telephone: _____

CURRENT (LATEST) GROUP INFORMATION:

City _____

State/Province _____

County _____ Country _____

Day & Time _____

Meeting Place _____

Address & Zip _____

CURRENT 1ST CONTACT PERSON INFORMATION:

Your full name and address are used for EA-related mailings; first name and telephone are used on various meeting lists. E-mail address is on web site only.

Name: _____

Street Address: _____

City, State: _____ Phone: _____

E-Mail _____

CURRENT 2ND CONTACT: (OPTIONAL)

Name: _____

Telephone: _____

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Stamp
Here

DATA COORDINATOR
EA INTERNATIONAL
PO BOX 4245
ST PAUL MN 55104-0245

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