Request for Updated Member Information

In order for us to update our files, please fill this out and place in the designated box near the counter. Thank you!

Member Name:	Member #
Address:	
City:	State: ZIP:
Phone Number: () Home Cell
Alt. Phone: () Home Cell
Sobriety Date:/_	/ (except Social members)
Member Type:	_ Regular Life Social
E-mail Address	

Would you prefer to receive a printed newsletter in the mail, an e-mail newsletter, or no newsletter at all? *Please choose one:*

- E-mail Newsletter (most cost-effective for Club)
- Printed Newsletter via U.S. Mail
- ____ No Newsletter desired

Would you like to be added to a list for a 12th step call, if needed? (Regular or Life Members Only)

- ___ YES
- ____ NO

Thank you for taking the time to update your information! -Board of Directors, Alcanon Club