



# NA AUSTRALIAN REGION - GROUP REGISTRATION FORM FOR REGIONAL MEETING LIST & FREE GROUP STARTER KIT

## MEETING DETAILS

Meetings are listed according to the Suburb/Town, Day and then Time:

Suburb \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Type of Meeting  Open  Closed

Wheelchair Access  Yes  No

Topic/Format \_\_\_\_\_

Meeting Location Details (Please include references to building types/access if applicable as well as Street No, Suburb & Postcode) \_\_\_\_\_

## GROUP AREA

- |                                             |                                              |                                               |                                                    |
|---------------------------------------------|----------------------------------------------|-----------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Sydney Metro North | <input type="checkbox"/> NSW Far North Coast | <input type="checkbox"/> Queensland           | <input type="checkbox"/> Victoria                  |
| <input type="checkbox"/> Sydney Metro South | <input type="checkbox"/> NSW North Coast     | <input type="checkbox"/> Queensland Country   | <input type="checkbox"/> Victoria Country          |
| <input type="checkbox"/> Sydney Metro East  | <input type="checkbox"/> NSW Central Coast   | <input type="checkbox"/> Gold Coast           | <input type="checkbox"/> Western Australia         |
| <input type="checkbox"/> Sydney Metro West  | <input type="checkbox"/> NSW South Coast     | <input type="checkbox"/> Sunshine Coast       | <input type="checkbox"/> Western Australia Country |
| <input type="checkbox"/> NSW New England    | <input type="checkbox"/> NSW Hunter Valley   | <input type="checkbox"/> Canberra & Surrounds | <input type="checkbox"/> South Australia           |
| <input type="checkbox"/> NSW Port Macquarie | <input type="checkbox"/> Northern Territory  | <input type="checkbox"/> Tasmania             |                                                    |

## GROUP MEMBER DETAILS

Group Secretary \_\_\_\_\_ Phone \_\_\_\_\_

Group Treasurer \_\_\_\_\_ Phone \_\_\_\_\_

GSR \_\_\_\_\_ Phone \_\_\_\_\_

## CONFIDENTIAL MAILING ADDRESS FOR GROUP

Attention \_\_\_\_\_

Address \_\_\_\_\_

Mobile \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email (essential for Group Starter Kit) \_\_\_\_\_

## GROUP STARTER KIT

Send Group Starter Kit  Yes  No

## PLEASE RETURN TO

Fellowship Service Office INC  
1st Floor, 204 King Street  
Newtown NSW 2042

Phone 02 9565 1453  
Fax 02 9519 7554  
Email meetingregistration@fso.com.au

## OFFICE USE ONLY

Date Received \_\_\_\_\_ Card File \_\_\_\_\_ Starter Kit \_\_\_\_\_ Regional List \_\_\_\_\_