

ALCOHOLICS ANONYMOUS MEETING CARD

Meeting Name: _____

Location: _____

Address: _____

Day(s) of Week: _____

Start Time: _____ **End Time:** _____

Contact Information:

Contact Person: _____

Phone Number: _____

Email Address: _____

Meeting Format:

Please select the format that best describes the meeting: Open, Closed, Step Study, Big Book, Speaker, Discussion, Meditation, Women, Men, LGBTQ+, Young People, Handicap Accessible, Wheelchair Accessible, Children welcome, Online, Hybrid, Other.

Special Interest Groups & Additional Information:

Please specify if this meeting caters to any special interest groups or has additional notes such as language spoken, childcare availability, or other relevant details.

Location / Directions:

Provide detailed directions or landmarks to assist new attendees in finding the meeting location.

Meeting Accessibility:

Information regarding accessibility features such as ramps, elevators, parking, and public transportation options.

Notes and Reminders:

Any important notes or reminders for attendees, including COVID-19 protocols, mask policies, or other health and safety measures.

MEETING REPRESENTATIVE SIGNATURE

AA MEMBER SIGNATURE

Date: _____

Date: _____

Signature: _____

Signature: _____

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