



## The G.A.P. Network Registration Form

1. Group Name:
2. Contact person/s:
3. Contact information (name, phone number, e-mail, FB, twitter, web page):
4. Mailing address:
5. County where your group is located:
6. Meeting days/times of your group:
7. Meeting location:
8. Date group was started:
9. Meeting format (please describe how your meetings function: support, sharing; speakers, etc.):
10. Is your group open to anyone in the community to attend?
11. What need does your group have (be specific: trainings, presentations, resources, etc.)

Please complete forms and send via e-mail to Drug Free Action Alliance  
[Contact@DrugFreeActionAlliance.org](mailto:Contact@DrugFreeActionAlliance.org) or fax to 614-540-9990.