



2016-2017 Meeting Re/Certification Form

SECTION 1: GENERAL INFORMATION

Area#: _____

Area Name: _____

Meeting Type: Check All That Apply

RI Traditional RI- Discovery

Recertification (For Existing Group) Certification (For New Group)

SECTION 2: MEETING INFORMATION

DAY:

TIME:

A.M. P.M.

MEETING LOCATION NAME:

MEETING ADDRESS:

CITY/TOWN:

ST:

ZIP CODE:

MEETING CONTACT NAME :

CONTACT NUMBER:

By checking this box, I grant permission to Recovery International to post the listed name & number on Recovery International's website.

SECTION 3: GROUP LEADER INFORMATION

FIRST NAME:

LAST NAME:

ADDRESS:

CITY/TOWN:

STATE:

ZIPCODE:

HOME NUMBER:

MOBILE:

EMAIL:

SECTION 4: ASSISTANT GROUP LEADER(S) INFORMATION

ASSISTANT LEADER 1:

FIRST NAME:

LAST NAME:

ADDRESS:

CITY/TOWN:

STATE:

ZIPCODE:

HOME NUMBER:

MOBILE:

EMAIL:

ASSISTANT LEADER 2:

FIRST NAME:

LAST NAME:

ADDRESS:

CITY/TOWN:

STATE:

ZIPCODE:

HOME NUMBER:

MOBILE:

EMAIL:

SECTION 5: AGREEMENT

I fully understand the duties and responsibilities of a Recovery International (RI) Group Leader. I am a paid member of RI and will attend the Area Leader's Meeting on a regular basis and follow the policies of the Recovery International Organization upon my certification. By typing my name, I understand it will serve as my signature.

Group Leader Signature:

Date:

FOR AREA LEADER APPROVAL

I approve the above named person(s) as Group Leader (s) and the above meeting as part of Recovery International's Area _____ that I current manage as an authorized Area Leader by Recovery International. By typing my name, I understand it will serve as my signature.

Area Leader Signature:

Date of Approval:

Date of Submission to Headquarters:

Additional Comments to Staff at HQ: