



NOTICE OF TERMINATION FORM:

Group Leader Assistant Lead Group Leader & Meeting Meeting Only

Effective Date: _____

LEADER TERMINATION INFORMATION

LEADER NAME: _____

ADDRESS: _____

CITY: _____

ST _____

ZIP _____

Email _____

Phone _____

MEETING TERMINATION INFORMATION

MEETING PLACE: _____

MEETING ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____ DAY: _____ TIME: _____ AM PM

TO CHANGE ANY INFORMATION about a meeting, please submit a separate CHANGE & UPDATE MEETING FORM. Please note that all Group/Assistant Leaders must have a current RI Membership and sign/submit a Leader's Ethics form.

DATE OF NOTICE: _____

BY AREA LEADER/CONTACT PERSON: _____

Area: _____

Mail, fax, or email to Headquarters and retain a copy for your records.

Recovery International

1415 W. 22nd Street, Tower Floor. Oak Brook, IL 60523

Voice: (312) 337-5661 Fax: (312) 726-4446

info@recoveryinternational.org