**Well Spouse Support Group Registration Form**

**Step 1: Get ready**

Decide on your group name, and find a meeting place. It is important that you **COMPLETE and RETURN** this registration form to the WSA office at **63 West Main St., Suite H, Freehold, NJ 07728, by fax (732)577-8644 or by email (**[**support@wellspouse.org**](mailto:support@wellspouse.org)**).**

Once you return this form to us, we can send out Emails or postcards to members in your area, and update our website and support group listing with your information. Then well spouses can find your group!

**Note:**

\*\*\*If your group should ever become inactive – you must notify our WSA office, so we can remove you from our listings and referrals **or,** if willing, change listing from support group to support contact.

**Step 2: Fill in the details**

1. Support Group Name (e.g. WSA South Jersey Support Group) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Scheduled meeting time? (e.g. third Wednesday of the month, 7:30-9 PM) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Meeting Location? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Starting Date for your group?

5. Group Leader or contact information:

6. How would you like your contact information listed on our website and support group listing in our new member packets? (Please x or circle all items you want listed):

\_\_Group Leader \_\_Name \_\_Contact Name \_\_Phone # \_\_Email \_\_Meeting date/time/location

**Main Group Leader:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Alternate Leader or Contact Person:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Step 3: Save the File under a new name.**

**Step 4: E-mail it to support@wellspouse.org**