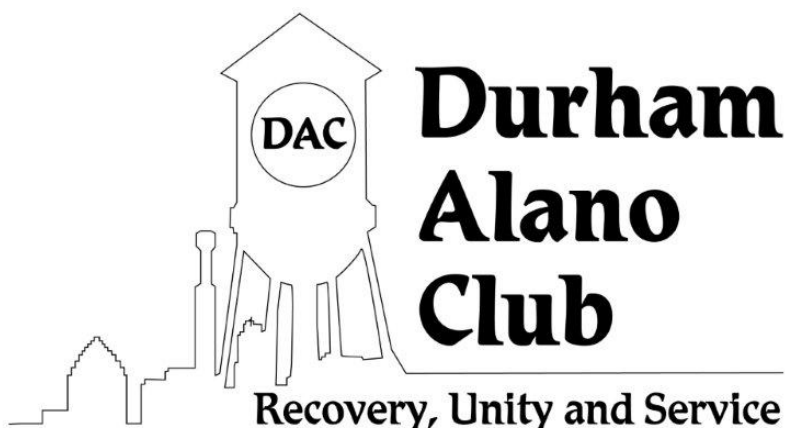


Durham Alano Club, Incorporated
Meeting Time Application



Date of Application: _____

Meeting Start Date: _____

Group/Meeting Name: _____

Affiliation (AA, Al-Anon, Alateen): _____

Day(s) and Time(s) requested: _____

Meeting Format (Step, Big Book, Discussion, open or closed):

Estimated Number of People: _____

Contact: _____

Contact Phone Number: _____

Contact E-Mail: _____

**Please submit the completed form to a Durham Alano Club,
Incorporated Board Member, drop off at the club, or mail to:**

**Durham Alano Club, Incorporated
400 Crutchfield St., Suite A
Durham, North Carolina 27704**

**The Board of Directors will contact you for additional information and
to give you the opportunity to share your vision with us.**