



ADDICTIONS  
VICTORIOUS

**NEW SUPPORT GROUP APPLICATION**

Please Print Legibly

Date: \_\_\_\_\_

**PARTNERING CHURCH/MINISTRY\***

Church/Ministry Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sr. Pastor/Minister: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Web Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

**MEETING INFORMATION**

Type of Group (check one):  Gender Specific (If yes circle one, M or F)  General Addictions  God-Dependency  
 Substances  Sex  Gambling  Food  Other (define) \_\_\_\_\_

Meeting Launch Date: \_\_\_\_\_ Day & Time of Meeting: \_\_\_\_\_  Weekly  Bi-Weekly  All Year

Location of Meeting (if different from above): \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**MEETING CONTACT INFO FOR WEB SITE & BROCHURE MEETING LIST INSERT:**

Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

**AV FACILITATOR(S)**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell: ( \_\_\_\_\_ ) \_\_\_\_\_

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

**SPIRITUAL CHARACTER REFERENCES (THREE REQUIRED):**

Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

**AV FACILITATOR(S) CONTINUED**

---

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell: ( \_\_\_\_\_ ) \_\_\_\_\_

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

**SPIRITUAL CHARACTER REFERENCES (THREE REQUIRED):**

Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

---

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell: ( \_\_\_\_\_ ) \_\_\_\_\_

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

**SPIRITUAL CHARACTER REFERENCES (THREE REQUIRED):**

Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

*\* Please forward your Church or Ministry Doctrinal Statement along with your Application to:*

Addictions Victorious  
P.O. Box 5852  
Deptford, NJ 08096-5699

(856)848-5252, Toll-Free (866)412-5252  
Web: AddVicInc.org, E-Mail: info@AddVicInc.org