

U.S. and Canada

ALCOHOLICS ANONYMOUS NEW GROUP FORM

"Our membership ought to include all who suffer from alcoholism. Hence we may refuse none who wish to recover. Nor ought A.A. Membership ever depend upon money or conformity. Any two or three alcoholics gathered together for sobriety may call themselves an A.A. Group, provided that, as a group they have no other affiliation." - Tradition Three (the long form)

"Each Alcoholics Anonymous group ought to be a spiritual entity having but one primary purpose - that of carrying its message to the alcoholic who still suffers." - Tradition Five (the long form)

"Unless there is approximate conformity to A.A.'s Twelve Traditions, the group . . . can deteriorate and die." Twelve Steps and Twelve Traditions, page 174.

A.A.'s Traditions suggest that a group not be named after a facility or member (living or deceased), and that the name of a group not imply affiliation with any sect, religion, organization or institution.

GROUP NAME: _____ GROUP START DATE: _____

GROUP MEETING LOCATION: _____ NUMBER OF MEMBERS: _____

ADDRESS: _____

CITY/TOWN: _____ STATE/PROVINCE: _____ ZIP CODE: _____

MEETING DAY	<input type="checkbox"/> MON	<input type="checkbox"/> TUES	<input type="checkbox"/> WED	<input type="checkbox"/> THURS	<input type="checkbox"/> FRI	<input type="checkbox"/> SAT	<input type="checkbox"/> SUN
MEETING TIMES	_____	_____	_____	_____	_____	_____	_____
LANGUAGE (PLEASE CHECK ONE <input checked="" type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> FRENCH <input type="checkbox"/> OTHER <input type="checkbox"/> _____ (Specify)							

GENERAL SERVICE REPRESENTATIVE (G.S.R.)

NAME: _____ E-MAIL: _____

ADDRESS: _____ CITY/TOWN: _____

STATE/PROVINCE: _____ ZIP CODE: _____ TELEPHONE: _____ CELL: _____

ALTERNATE G.S.R. or MAIL CONTACT (Please Check one NAME: _____ E-MAIL: _____ ADDRESS: _____ CITY/TOWN: _____ STATE/PROVINCE: _____ ZIP CODE: _____ TELEPHONE: _____ CELL: _____

Does your group meet in a hospital, treatment center or detox center? Yes No

If yes, is it open to A.A. members in the community as well as to patients in the center? Yes No

If the Group is to be listed in the Directory, please provide a telephone number and mailing address for the G.S.R., Alternate G.S.R., or Group Contact. Listing in the directory is for Twelfth Step referral and/or for meeting information. The G.S.R.'s (or other contact) name and telephone number will be included in the Directory with the group's name and service number.

OK TO LIST IN THE DIRECTORY? Yes No

SIGNATURE: _____ DATE: _____

THREE WAYS TO RETURN THIS FORM:

<input type="checkbox"/> Postal Mail to: Area 55 Registrar PO Box 401 Toledo OH 43697	<input type="checkbox"/> Fax: 419-380-9978 (Attn: Area 55 Registrar)	<input type="checkbox"/> E-Mail: Registrar@area55aa.org
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FOR G.S.O. RECORDS DEPT> USE ONLY		
DELEGATE AREA NUMBER	DISTRICT NUMBER	GROUP SERVICE NUMBER (ASSIGN BY G.S.O.)

SUBMIT FORM