

GROUP SERVICE No. _____

DATE: _____

DELEGATE AREA No. _____

DISTRICT No. _____

No. OF MEMBERS: _____

OLD INFORMATION

GROUP NAME: _____

Group Meeting Location: _____

Street: _____

City/Town: _____

State/Province: _____

Zip Code: _____ Telephone: _____

URL: _____ Meeting ID: _____

Pass Code: _____ Phone: _____

MEETING DAY

MON | TUES | WED | THUR | FRI | SAT | SUN

MEETING TIMES

____ | ____ | ____ | ____ | ____ | ____ | ____

GENERAL SERVICE REPRESENTATIVE (G.S.R.)

Name: _____

Street: _____

City/Town: _____

State/Province: _____

Zip Code: _____ Telephone : _____

E-mail: _____

ALTERNATE G.S.R. or MAIL CONTACT

Name: _____ (Please check one ✓)

Street: _____

City/Town: _____

State/Province: _____

Zip Code: _____ Telephone : _____

E-mail: _____

NEW INFORMATION

GROUP NAME: _____

Group Meeting Location: _____

Street: _____

City/Town: _____

State/Province: _____

Zip Code: _____ Telephone: _____

URL: _____ Meeting ID: _____

Pass Code: _____ Phone: _____

MEETING DAY

MON | TUES | WED | THUR | FRI | SAT | SUN

MEETING TIMES

____ | ____ | ____ | ____ | ____ | ____ | ____

Check if Location Is Wheelchair Accessible

Check if Location Has a Wheelchair Accessible Restroom

GENERAL SERVICE REPRESENTATIVE (G.S.R.)

Name: _____

Street: _____

City/Town: _____

State/Province: _____

Zip Code: _____ Telephone : _____

E-mail: _____

ALTERNATE G.S.R. or MAIL CONTACT

Name: _____ (Please check one ✓)

Street: _____

City/Town: _____

State/Province: _____

Zip Code: _____ Telephone : _____

E-mail: _____

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: _____

"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.

WAYS TO RETURN THIS FORM:

Postal Mail to: Area 55 Registrar
P.O. Box 401
Toledo OH 43697

E-mail:
registrar@area55aa.org