DELEGATE AREA NUMBER:

ALCOHOLICS ANONYMOUS NEW GROUP FORM

GROUP SERVICE NUMBER (ASSIGN BY G.S.O.)

"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.

GROUP NAME:		GROUP START DATE:					
			NUMBER OF MEMBERS:				
ADDRESS:							
MEETING DAY	MON	TUES _	WED _	THURS	FRI 🗌	SAT _	SUN 🗌
MEETING TIMES							İ
LANGUAGE (Plea	se check one ✓)	ENGLISH _	SPANISH	FRENCH	OTHER		(Specify)
		GENERA	L SERVICE I	REPRESENT	ATIVE		
NAME:				E-MAIL			
ADDRESS:				CITY/T	OWN:		
STATE/PROVINCE:	ZIP CODE: TELEPHONE:						
ΛI	TERNATE G	SD (DD MAII CO	ONITACT) / Ploggo d	hodr one 🗥	
					•	•	
NAME:							
ADDRESS:				CITY/T	OWN:		
STATE/PROVINCE: _			ZIP COD	E:	TELEP	HONE:	
Does your Group	meet in a hosp	oital, treatmer	nt center or de	tox center?		Yes	☐ No
f yes, is it open to	A.A. member	s in the comn	nunity as well	as to patients	in the center?	Yes	☐ No
f the Group is to be G.S.R., or Group cor ontact) name and t	tact. Listing in th	e Directory is fo	or Twelfth Step	referral and/or	for meeting info	ormation. The G	.S.R.'s (or other
OK TO LIST IN THE D	IRECTORY?	Yes No	•				
IGNATURE:					DATE:		
		THREE WA	AYS TO RETU	JRN THIS FO	ORM:		
	World Services,		By Fax: 212	2-870-3003 (Att	n: Records)	E-mai	il: records@aa.o
P.O.	nd Central Statio Box 459 V York, NY 1016						

DISTRICT NUMBER: