

*"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)

**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 institute.**

GROUP NAME: \_\_\_\_\_ GROUP START DATE: \_\_\_\_\_  
 GROUP MEETING LOCATION: \_\_\_\_\_ NUMBER OF MEMBERS: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY/TOWN: \_\_\_\_\_ STATE/PROVINCE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

MEETING DAY:	MON	TUE	WED	THUR	FRI	SAT	SUN
MEETING TIMES:							
LANGUAGE: (check one ✓)	ENGLISH	SPANISH	FRENCH	OTHER	(specify)		

### GENERAL SERVICE REPRESENTATIVE

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ ( ) \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY/TOWN: \_\_\_\_\_  
 STATE/PROVINCE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**ALTERNATE G.S.R.**  **OR MAIL CONTACT**  (PLEASE CHECK ONE ✓)

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ ( ) \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY/TOWN: \_\_\_\_\_  
 STATE/PROVINCE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

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 Twelve 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: \_\_\_\_\_

DELEGATE AREA NUMBER: \_\_\_\_\_ DISTRICT NUMBER: \_\_\_\_\_  
 GROUP SERVICE NUMBER (ASSIGNED BY G.S.O.): # \_\_\_\_\_

**PLEASE RETURN TO:** Records Department, PO Box 459 aarecords@aa.org  
**E-MAIL:** registrar@cmia32.org Grand Central Station, New York, NY 10163