

**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: \_\_\_\_\_

**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**  (Please check one ✓)

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

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: \_\_\_\_\_

**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**  (Please check one ✓)

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

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.*

**THREE WAYS TO RETURN THIS FORM:**

**Postal Mail to: A.A. World Services, Inc.  
Grand Central Station  
P.O. Box 459  
New York, NY 10163**

**By Fax: 212-870-3003 (Attn: Records)**

**E-mail: records@aa.org**