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 person (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	MON ☐	TUES ☐	WED ☐	THURS ☐	FRI ☐	SAT ☐	SUN ☐
MEETING TIMES	_____	_____	_____	_____	_____	_____	_____

Send correspondence from G.S.O. in ENGLISH ☐ SPANISH ☐ FRENCH ☐ Meeting language (if different) _____

GENERAL SERVICE REPRESENTATIVE

NAME: _____   E-MAIL: _____

ADDRESS: _____   CITY/TOWN: _____

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

ALTERNATE G.S.R. ☐   OR MAIL CONTACT ☐ (Please check one ✓)

NAME: _____   E-MAIL: _____

ADDRESS: _____   CITY/TOWN: _____

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

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

G.S.O. publishes confidential A.A. Directories for use by A.A. members for Twelfth Step referral and/or meeting information. The Directories include a group's name and service number, and the full names and phone numbers of the contacts listed on this form. **Do you want your group listed in the Directory covering your region?**   ☐ Yes   ☐ No

SIGNATURE: _____   DATE: _____

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

Email to: registrar@aacny.org

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

E-mail: records@aa.org

FOR G.S.O. RECORDS DEPT. USE ONLY

DELEGATE AREA NUMBER: _____   DISTRICT NUMBER: _____   GROUP SERVICE NUMBER (ASSIGN BY G.S.O.) _____