

\*\*\*\*\***Special Notice**\*\*\*\*\*

After you complete the form online, please print it out, sign and date it, and submit it to your District Committee Member (DCM) at the monthly District Meeting for proper processing. Please do not send these forms directly to the General Service Office (GSO), because this will only delay processing since they will have to be rerouted back to the Area and then to the DCM.

# US and Canada

# 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 AA membership ever depend upon money or conformity. Any two or three alcoholics gathered together for sobriety may call themselves an AA 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 AA's Twelve Traditions, the group...can deteriorate and die." Twelve Steps and Twelve Traditions, page 174

**AA'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 institution.**

GROUP NAME \_\_\_\_\_ GROUP START DATE \_\_\_\_\_

MEETING LOCATION \_\_\_\_\_ NUMBER OF MEMBERS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/TOWN \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

GROUP MEETING DAY	MON <input type="checkbox"/>	TUE <input type="checkbox"/>	WED <input type="checkbox"/>	THUR <input type="checkbox"/>	FRI <input type="checkbox"/>	SAT <input type="checkbox"/>	SUN <input type="checkbox"/>
MEETING TIME	_____	_____	_____	_____	_____	_____	_____

LANGUAGE (Please check one ) ENGLISH  SPANISH  FRENCH  OTHER (Specify) \_\_\_\_\_

## 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 unit?  YES  NO

If yes, is it open to AA 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 Twelfth Step referral and/or 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 GSR:  YES  NO ALTERNATE GSR:  YES  NO

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PLEASE RETURN TO YOUR DISTRICT COMMITTEE MEMBER FOR PROPER CHANGES TO BE MADE  
MAIL TO:  
OFFICER AT LARGE  
80 OLD MILL ROAD  
POTTSVILLE, PA 17901**

Note: Mailing address expires: Nov., 2012

**PLEASE INCLUDE:**

DELEGATE AREA NUMBER: \_\_\_\_\_ DISTRICT NUMBER \_\_\_\_\_