U.S. 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 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 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:** _____

GROUP MEETING LOCATION: _____ **NUMBER OF MEMBERS:** _____

ADDRESS: _____

CITY/TOWN: _____ **STATE/PROVINCE:** _____ **ZIP CODE:** _____

MEETING DAY	MON ☐	TUES ☐	WED ☐	THURS ☐	FRI ☐	SAT ☐	SUN ☐
MEETING TIMES	_____	_____	_____	_____	_____	_____	_____

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 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 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:** _____

RETURN THIS FORM TO

☐ ***Postal Mail to:*** Brian Dickinson
94 Thornbrough Street
Saint John NB
E2K 3P6

E-mail: registrar@area81aa.ca

Once complete information is entered into the database by GSO or by the Area Registrar your group will be subject to a 30 day pending period. Once the pending period expires a "New Group Handbook" will be mailed and should arrive within 7-14 business days. Handbook contents are available on the "Group Life" page at www.aa.org .

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

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