



AREA 85 ALCOHOLICS ANONYMOUS NEW GROUP FORM

www.aa-nwo-area85.org

"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	Start Date						
	# of Members						
Meeting Location							
Address							
City/Town							
Province							
Postal Code							
MEETINGS	Sun	Mon	Tues	Weds	Thurs	Fri	Sat
Day							
Time							
Language (check one)	English	Spanish	French	Other	(Please specify)		
General Service Representative (GSR)							
Name:	Address				Email		
Telephone	City/Town				Postal Code		
Alternate GSR or Mail Contact (check)							
Name:	Address				Email		
Telephone	City/Town				Postal Code		
Does your group meet in a hospital, treatment center or Detox center?					yes	no	
If yes, it this meeting open to AA members in the community as well as 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 THE DISTRICT DCM OR AREA REGISTRAR:

Mail to: Area 85 Registrar, Box 10073, Thunder Bay ON, P7B 6T6

E-mail: area85registrar@gmail.com

Registrar Records use

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

House Keeping: _____ FNV _____ Contact List _____ Pamphlet _____ Copy Website _____