

*"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: \_\_\_\_\_ DISTRICT No. \_\_\_\_\_ SUB-DISTRICT No. \_\_\_\_\_

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 POSTAL 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 IS THE GROUP: Open Closed

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

## **PLEASE MAIL OR EMAIL THIS FORM TO THE AREA 06 (CNCA) REGISTRAR**

YOU CAN CONTACT THE AREA REGISTRAR ONLINE AT [WWW.CNCA06.ORG](http://WWW.CNCA06.ORG)  
 CURRENT CONTACT INFORMATION FOR ALL AREA OFFICERS CAN BE FOUND IN THE [CNCA COMMENTS](#) PLEASE  
 CONTACT YOUR DCMC IF YOU NEED HELP SENDING THIS FORM TO THE AREA REGISTRAR

Once complete information is entered into the database by the Area Registrar and sent to GSO 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](http://www.aa.org).

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

DELEGATE AREA No. 06 DISTRICT No. \_\_\_\_\_ SUB-DISTRICT No. \_\_\_\_\_ GROUP SERVICE No. (ASSIGN BY G.S.O.) \_\_\_\_\_