

ALCOHOLICS ANONYMOUS

New Group Form

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'S NAME _____ GROUP'S START DATE _____

GROUP'S MEETING PLACE (Building description) _____ NUMBER OF GROUP MEMBERS _____

MEETING ADDRESS _____ CITY/TOWN _____ STATE _____ ZIP _____

GROUP'S MAILING ADDRESS (if any) _____ CITY/TOWN _____ STATE _____ ZIP _____

GROUP LANGUAGE: (Check one) ENGLISH SPANISH FRENCH OTHER _____ (Specify)

GROUP'S MEETING SCHEDULE: (Please follow the example below & indicate whether open or closed / smoking or not / type of meeting)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

NOTES on Meeting Schedule: _____

1) O=Open C=Closed 2) SM=Smoking NS= Non Smoking 3) BB=Big Book, SS=Step Study, TR = Traditions, To=Topic, Di=Discussion, SP = Speaker, AB=As Bill Sees it, DR=Daily Reflections, BG=Beginners, CT=Came to Believe, LS=Living Sober, GR=Grapevine, Ot=Other 4) H=Handicap Accessible, W=Women's Meeting, M=Men's Meeting, S=Spanish, O=Other

<i>Example:</i>	8pm C-SM-BB-H				8pm-O-NS-SS-W	
-----------------	---------------	--	--	--	---------------	--

=====

PLEASE LIST BELOW - two contacts with full names, addresses, phone numbers, E-mail (if any) and one phone contact:

OUR GROUP'S PRIMARY CONTACT (person in group to receive mail from G.S.O. in New York) is:

(please check appropriate one): General Service Representative (G.S.R.) -or- Alternate G.S.R. -or- Group Contact

NAME _____ HOME PHONE # _____

ADDRESS _____ APT NO, ETC. _____

CITY / TOWN _____ STATE _____ ZIP CODE _____

E-MAIL ADDRESS _____ CELL PHONE # _____

Is it OK to list Primary Contact's Full Name and Phone # in the GSO Directory: ___ Yes ___ No (If yes, please check preferred # to list: Home ___ Cell ___)
Primary Contact wishes to receive mail from Area 57 [Oklahoma] by E-mail (paperless) ___ Yes ___ No

OUR GROUP'S SECONDARY CONTACT is:

(please check appropriate one): General Service Representative (G.S.R.) -or- Alternate G.S.R. -or- Group Contact

NAME _____ HOME PHONE # _____

ADDRESS _____ APT NO, ETC. _____

CITY / TOWN _____ STATE _____ ZIP CODE _____

E-MAIL ADDRESS _____ CELL PHONE # _____

Is it OK to list Secondary Contact's Full Name and Phone # in the GSO Directory: ___ Yes ___ No (If yes, please check preferred # to list: Home ___ Cell ___)
Secondary Contact wishes to receive mail from Area 57 [Oklahoma] by E-mail (paperless) ___ Yes ___ No

OUR GROUP'S PHONE CONTACT: (Usually an old-timer - used when other contacts are no longer valid - different than the above two)

NAME _____ PHONE # _____

OK to List Full Name and Phone # in the GSO Directory - if one of the above doesn't want to be listed: ___ Yes ___ No

GROUP'S Other E-mail Contacts (different from above):

Name _____ Email address _____

Name _____ Email address _____

Does your Group meet in a hospital, treatment center or detox center? Yes No Does your Group meeting in a correctional facility? Yes No
If yes to either, is it open to A.A. members in the community as well as to persons staying at the facility? Yes No

Signature _____ **Date:** _____

DELEGATE AREA No: 57 (Okla.) DISTRICT No: (if known) _____ GROUP SERVICE No. (to be Assigned by G.S.O.) # _____

RETURN TO: State Committee Office
PO Box 18415
Oklahoma City, OK 73154

405-842-1200
secretary@aaoklahoma.org