

“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 _____ ZIP CODE _____

Meeting Days	Mon <input type="checkbox"/>	Tues <input type="checkbox"/>	Wed <input type="checkbox"/>	Thur <input type="checkbox"/>	Fri <input type="checkbox"/>	Sat <input type="checkbox"/>	Sun <input type="checkbox"/>
Meeting Times							
Language	(Check one ✓) English <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Other <input type="checkbox"/> (specify)						
Type of meeting	(Check one ✓) Open <input type="checkbox"/> Closed <input type="checkbox"/>		Handicap Accessible		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Format (Big Book, Steps, Traditions, Speakers, Discussion)							

GENERAL SERVICE REPRESENTATIVE (GSR) OR PRIMARY CONTACT

Name: _____ H – phone: () _____
 Street: _____ C – phone: () _____
 City: _____ E-mail: _____
 State/Zip: _____

Listed in AA Regional Directory and receives GSO, Area & District mailings and emails to share with home group.

Signature:

OK to list in Directory? Yes No Date _____

If the Group is to be listed in the Directory, please provide a telephone number and mailing address. Listing in the Directory is for Twelfth Step referral and/or for meeting information. Name and telephone number will be included in the Directory with the group’s name and service #.

ALTERNATE GENERAL SERVICE REPRESENTATIVE (ALT. GSR) OR SECONDARY CONTACT

Name: _____ H – phone: () _____
 Street: _____ C – phone: () _____
 City: _____ E-mail: _____
 State/Zip: _____

May be listed in AA Regional Directory and receives Area & District mailings and emails to share with home group.

Signature:

OK to list in Directory? Yes No Date _____

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

DELEGATE – AREA 12 DISTRICT NUMBER: _____ DATE ENTERED FNV _____

GROUP SERVICE NUMBER (ASSIGNED BY G.S.O.) _____ Updated 3/30/2010

PLEASE RETURN TO: Area 12 Registrar – 148 S. Lexington Drive, Felton, DE 19943 registrar@delawareaa.org