

“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 \_\_\_\_\_

<b>Meeting Days</b>	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"/>
<b>Meeting Times</b>							
<b>Language</b>	(Check one ✓) English <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Other <input type="checkbox"/> (specify)						
<b>Type of meeting</b>	(Check one ✓) Open <input type="checkbox"/> Closed <input type="checkbox"/>		<b>Handicap Assessable</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Format</b> (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 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

**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:** \_\_\_\_\_

**GROUP SERVICE NUMBER (ASSIGNED BY G.S.O.)** \_\_\_\_\_ **DATE ENTERED** \_\_\_\_\_

**PLEASE RETURN TO:** Area 12 Registrar – P.O. Box 403 – Cheswold, DE 19936-0403 [registrar@delawareaa.org](mailto:registrar@delawareaa.org)