

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 NAME _____ GROUP START DATE _____

GROUP MEETING LOCATION _____ NUMBER OF MEMBERS _____

ADDRESS _____

CITY _____ STATE Utah ZIP CODE _____

Meeting Day	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							

Other Meeting Information:	English <input type="checkbox"/>	Spanish <input type="checkbox"/>	Other: _____
	Open: <input type="checkbox"/>	Closed: <input type="checkbox"/>	
	Smoking: <input type="checkbox"/>	Non-Smoking: <input type="checkbox"/>	
	Wheelchair accessible: Yes <input type="checkbox"/>	No <input type="checkbox"/>	

General Service Representative

NAME _____ PHONE _____

ADDRESS _____ CITY _____

STATE Utah ZIP CODE _____

Alternate G.S.R. **or Mail Contact**

NAME _____ PHONE _____

ADDRESS _____ CITY _____

STATE Utah ZIP CODE _____

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? 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: _____

DELEGATE AREA NUMBER: 69 DISTRICT NUMBER: _____

**PLEASE SEND THIS FORM TO YOUR DISTRICT DCM
DISTRICT DCM PLEASE SEND THIS FORM TO THE AREA REGISTRAR AS WELL AS THE AREA WEB SERVANT
AREA REGISTRAR PLEASE SEND TO: GRAND CENTRAL STATION, P.O. BOX 459, NEW YORK, NY 10163**