

**NOTE:** 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 \_\_\_\_\_  
 Directions (if needed) \_\_\_\_\_  
 GROUP'S MAILING ADDRESS (if any) \_\_\_\_\_ CITY/TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 GROUP LANGUAGE: \_\_\_\_\_ (English, Spanish, French, etc.) Area 57 (State of Oklahoma is Area 57)  
 District #: \_\_\_\_\_ (10, 20, 20SP, 30, 40, 50, 60, 70 or 80) Optional - If you don't know the District, it can be obtained from the State AA Office.)

**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

PLEASE INDICATE ALL 4 FOR EACH MEETING:

- 1) O=Open, C=Closed      2) SM=Smoking, NS= Non Smoking
- 3) BB=Big Book, SS=Step Study or 12&12, 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=Gratitude, GV=Grapevine, Ot=Other
- 4) H=Handicap Accessible    5) W=Women's Meeting, M=Men's Meeting, S=Spanish, O=Other

NOTES on Meeting Schedule: \_\_\_\_\_

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

**Our Group's PRIMARY CONTACT is our (pick one)**  
 GSR, Alt. GSR or a Group Contact \_\_\_\_\_

(The Group's Primary Contact is the person who receives mail for the group from GSO in New York and does not have to be the GSR.)

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
 E-MAIL ADDRESS \_\_\_\_\_

OK to list this person's full name & phone # in GSO Directory    Yes or No \_\_\_\_\_  
 Please mark which phone number you'd like listed    Home or Cell \_\_\_\_\_  
 Wants to receive Group E-mails from State AA Office    Yes or No \_\_\_\_\_  
 Would like to receive the Area 57 Newsletter by (pick one)    Mail or Email \_\_\_\_\_  
 Is willing to be put on the 12<sup>th</sup> Step Call list    Yes or No \_\_\_\_\_  
 Is willing to help with Bridge-the-Gap work    Yes or No \_\_\_\_\_

**Our Group's SECONDARY CONTACT is our (pick one)**  
 GSR, Alt. GSR or a Group Contact \_\_\_\_\_

(Please list a second contact for your group.)

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
 E-MAIL ADDRESS \_\_\_\_\_

OK to list this person's full name & phone # in GSO Directory    Yes or No \_\_\_\_\_  
 Please mark which phone number you'd like listed    Home or Cell \_\_\_\_\_  
 Wants to receive Group E-mails from State AA Office    Yes or No \_\_\_\_\_  
 Would like to receive the Area 57 Newsletter by (pick one)    Mail or Email \_\_\_\_\_  
 Is willing to be put on the 12<sup>th</sup> Step Call list    Yes or No \_\_\_\_\_  
 Is willing to help with Bridge-the-Gap work    Yes or No \_\_\_\_\_

**Return this to:** OK AA State Committee Office  
 PO Box 18415, Okla. City, OK 73154

**For questions:** (405) 842-1200  
 secretary@aaoklahoma.org

Our Group's PHONE CONTACT is: (This person is DIFFERENT from the Primary Contact and Secondary Contact above, usually an old-timer or someone who can be contacted in case both of the above addresses & phone numbers become inaccurate.)

NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

OK to list this person's full name & phone # in GSO Directory if either the Primary or Secondary Contacts don't wish to be listed? \_\_\_\_ (Yes/No)  
Please mark which phone number you'd like listed \_\_\_\_\_ (Home/ Cell)

Your Group's Service Reps: (These numbers will be given to your District Service Committee Chairs and they may contact your Group Service Reps – to find out what they can do to help your Group Service Reps do their job. These people will also be added to the the list to receive Group E-mails from the State AA Office)

Group Secretary: Name \_\_\_\_\_ E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Group Treasurer: Name \_\_\_\_\_ E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Intergroup Rep/NECS Delegate: Name \_\_\_\_\_ E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Group Grapevine Rep: Name \_\_\_\_\_ E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Group OK Gratitude Plan Name \_\_\_\_\_ E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Group Corrections Rep: Name \_\_\_\_\_ E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Group Treatment Rep: Name \_\_\_\_\_ E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Group Bridge-the-Gap Rep: Name \_\_\_\_\_ E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Group Archives Rep: Name \_\_\_\_\_ E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Group Public Information Rep: Name \_\_\_\_\_ E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Group C.P.C. Rep: Name \_\_\_\_\_ E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Group Technologies Rep: Name \_\_\_\_\_ E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Group Special Needs Rep: Name \_\_\_\_\_ E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Other E-MAIL CONTACTS: Other Group Members (different from any listed above) who would like to receive E-mails from the State AA Office:

Name \_\_\_\_\_ E-Mail \_\_\_\_\_

Name \_\_\_\_\_ E-Mail \_\_\_\_\_

Name \_\_\_\_\_ E-Mail \_\_\_\_\_

Name \_\_\_\_\_ E-Mail \_\_\_\_\_

Name \_\_\_\_\_ E-Mail \_\_\_\_\_

Does your Group meet in a hospital, treatment center or detox center? \_\_\_\_\_ (Yes/No)

Does you 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)

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Submitted by \_\_\_\_\_ Date: \_\_\_\_\_ Position \_\_\_\_\_  
E-mail address \_\_\_\_\_ Phone Number \_\_\_\_\_