

# 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	
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**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 405-842-1200  
 PO Box 18415 secretary@aaoklahoma.org  
 Oklahoma City, OK 73154