

“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 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 Time | | | | | | | |
| Meeting Info. Open/Closed, Type | | | | | | | |
| LANGUAGE: (check one) | ENGLISH <input type="checkbox"/> | | SPANISH <input type="checkbox"/> | | FRENCH <input type="checkbox"/> | | OTHER <input type="checkbox"/> (specify) |

GENERAL SERVICE REPRESENTATIVE

Name: _____ **Telephone:** _____

Address: _____

City/Town: _____ **State/Province:** FL **Zip Code:** _____

E-Mail Address _____

OK TO LIST IN THE DIRECTORY? Yes No

ALTERNATE G.S.R. OR MAIL CONTACT (Please check one)

Name: _____ **Telephone:** _____

Address: _____

City/Town: _____ **State/Province:** FL **Zip Code:** _____

E-Mail Address _____

OK TO LIST IN THE DIRECTORY? Yes No

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

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.

Signature DCM: _____ **Date:** _____

DELEGATE AREA NUMBER: 14 DISTRICT NUMBER: _____ GSO NUMBER # _____

PLEASE RETURN TO: Area 14 Registrar, 728 West Ave. #148, Cocoa, FL 32927 or Registrar@aanorthflorida.org