

“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	SUN <input type="checkbox"/>	MON <input type="checkbox"/>	TUES <input type="checkbox"/>	WED <input type="checkbox"/>	THU <input type="checkbox"/>	FRI <input type="checkbox"/>	SAT <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"/>			

**GENERAL SERVICE REPRESENTATIVE**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/Town: \_\_\_\_\_ State/Province: FL Zip Code: \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_

OK TO LIST IN THE DIRECTORY? Yes  No  Receive Area 14 Minutes by: \_\_\_\_\_ Email  USPS

**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  Receive Area 14 Minutes by: \_\_\_\_\_ Email  USPS

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, P.O. Box 15504 Brooksville, FL 34604 or registrar@aanorthflorida.org