

NEW GROUP REGISTRATION

*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 purpose. **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*

It suggested group names no longer include the day of week or time of meeting in the name. In accordance with AA's Sixth Tradition, it is suggested that a group not be named after the facility in which it meets. It is suggested a group delay registration as a group until the group has been meeting consistently for approximately six (6) months.

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

DELEGATE AREA: 20 **DISTRICT NUMBER:** _____ **NUMBER HOME GROUP MEMBERS:** _____ **DATE GROUP STARTED:** _____

GROUP NAME: _____

Meeting Location _____

Complete Address: _____

Amenities: _____ **Language:** _____

Meeting Day(s)	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Meeting Time(s)							
Meeting Type							
Open/Closed							

Please Note: Listing in the directory is for twelve step referral and/or requests for meeting information only. Contact names and telephone numbers will be included in the directory in addition to the group's name and service number.

PRIMARY GROUP CONTACT (Receives All Group Mail)

Ok to List this Contact in the GSO Directory **Is GSR** **is GSRA** **is NOT a GSR or GSRA**

Name: _____

Street Address (or P.O. Box Number): _____

Town/City: _____ State: _____ Zip Code: _____

Telephone: () _____ E-mail: _____

SECONDARY GROUP CONTACT

Ok to List this Contact in the GSO Directory **Is GSR** **is GSRA** **is NOT a GSR or GSRA**

Name: _____

Number and Street (or P.O. Box Number): _____

Town/City: _____ State: _____ Zip Code: _____

Telephone: () _____ E-mail: _____

Printed Name of Submitter: _____ Submitter Phone No. for Questions: _____

Group/District/Area Position _____ Date This Form was Completed: _____

Submit completed form to Area 20 Registrar:
niaregistrar@gmail.com
P.O.Box 635, Yorkville, IL 60560
Submit a copy of completed form to your District Secretary