

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: _____

****Note:** The GSO directory is for twelve step referral or for meeting information requests only. If checked, contact names and telephone numbers will be included in the directory along with the group's name and service number. **Groups without a listable contact will not be listed.**

Submit completed form to Area 20 Registrar: registrar@aa-nia.org
 NIA 20 Registrar, PO Box 524, Crystal Lake, IL. 60039-0524 (For use between January 1, 2020 – December 31, 2021)

Provide a copy of completed form to your District Secretary

A Microsoft Word version of this form is available online at: <http://aa-nia.org/group-forms/>