

"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 person (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/PROVINCE: _____ ZIP CODE: _____

| | | | | | | | |
|--|------------------------------|-------------------------------|------------------------------|--------------------------------|------------------------------|------------------------------|------------------------------|
| MEETING DAY | MON <input type="checkbox"/> | TUES <input type="checkbox"/> | WED <input type="checkbox"/> | THURS <input type="checkbox"/> | FRI <input type="checkbox"/> | SAT <input type="checkbox"/> | SUN <input type="checkbox"/> |
| MEETING TIMES | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Send correspondence from G.S.O. in ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> FRENCH <input type="checkbox"/> Meeting language (if different) _____ | | | | | | | |

GENERAL SERVICE REPRESENTATIVE

NAME: _____ E-MAIL: _____

ADDRESS: _____ CITY/TOWN: _____

STATE/PROVINCE: _____ ZIP CODE: _____ TELEPHONE: _____

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

NAME: _____ E-MAIL: _____

ADDRESS: _____ CITY/TOWN: _____

STATE/PROVINCE: _____ ZIP CODE: _____ TELEPHONE: _____

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

G.S.O. publishes confidential A.A. Directories for use by A.A. members for Twelfth Step referral and/or meeting information. The Directories include a group's name and service number, and the full names and phone numbers of the contacts listed on this form. Do you want your group listed in the Directory covering your region? Yes No

SIGNATURE: _____ DATE: _____

PLEASE RETURN THE COMPLETED FORM TO YOUR

DCM OR MAIL THEM TO

Area #61 Rhode Island, PO Box #9342 Providence, RI 02940