

AA NEW GROUP FORM

Please type or print clearly and complete all information before submitting

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 and it is also suggested group names no longer include the day or time of the week. If you have questions completing this form please contact the Registrar.

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 NO. 20 DISTRICT NO. _____ DATE GROUP STARTED _____

GROUP NAME: _____

Meeting Location: _____

Street Address: _____

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

Meeting Day(s)	MON.	TUE.	WED.	THUR.	FRI.	SAT.	SUN.
Meeting Time(s) <i>Please Indicate:</i> O for Open C for Closed							
Circle One Language(s):	English/00	Spanish/01	French/02	Other/03			

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: _____

Number and Street (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: _____

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.

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

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

To submit form by Email:

niaregistrar@gmail.com

To submit form by Mail:

Kristen Hill, NIA Registrar
1201 Ashbrook Dr.
Mundelein, IL 60060

Mailing Instructions:

Original to the Registrar
One copy to the District
One copy to the Group

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

GSO USE: Group Service Number: _____ Date of entry: _____