

# NE Ohio **Alcoholics Anonymous** New Group Information Form

See reverse side about naming groups:

**DO NOT USE !**

Group Service No.: \_\_\_\_\_

**Assigned by Area or GSO**

Group Name<sub>1</sub>: \_\_\_\_\_

Delegate Area No.: **54** District No. (if known): \_\_\_\_\_

No. of Members<sub>2</sub>: \_\_\_\_\_ Language (if not English): \_\_\_\_\_ Group Started Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ GSR, or only ☐ Primary Contact

Name: \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Type<sub>3</sub>: ( )

Address<sub>4</sub>: \_\_\_\_\_ Email: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_ Other Phones/E-mail: \_\_\_\_\_

Okay to list in directory<sub>4</sub>? ☐ Yes / ☐ No

The Primary Contact receives the mail<sub>4</sub>

Optional Phone Contact<sub>6</sub> Name: \_\_\_\_\_ Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

☐ Alt. GSR or ☐ Secondary Contact

Name: \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Type<sub>3</sub>: ( )

Address<sub>4</sub>: \_\_\_\_\_ Email: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_ Other Phone/E-mail: \_\_\_\_\_

Okay to list in directory<sub>4</sub>? ☐ Yes / ☐ No

Meeting Location: \_\_\_\_\_

Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

Days: Sun. Mon. Tues. Wed. Thur. Fri. Sat.

☐ ☐ ☐ ☐ ☐ ☐ ☐

at: \_\_\_\_:\_\_\_\_ am/pm \_\_\_\_:\_\_\_\_ am/pm \_\_\_\_:\_\_\_\_ am/pm \_\_\_\_:\_\_\_\_ am/pm \_\_\_\_:\_\_\_\_ am/pm \_\_\_\_:\_\_\_\_ am/pm \_\_\_\_:\_\_\_\_ am/pm

Type<sub>5</sub>: ( ) ( ) ( ) ( ) ( ) ( ) ( )

Filled out by (signature): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## TWO WAYS TO RETURN THIS FORM:

Mail to: Patricia R., Registrar  
180 College Park Drive, C-3  
Elyria, OH 44035

or e-mail to: registrar@area54.org

See reverse side for explanations and other information!

## **An A.A. Group ought be ever mindful that:**

“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

## **Subscripted items on the previous page have these meanings:**

**1Group Name:** 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**. Furthermore:

- Group names must be unique within a city.
- Group city is required information.
- Group names should be easy to distinguish from other groups. Please be creative! Similar names to existing groups cause confusion.
- Group names should end with the word "Group".
- All group names entered into its records are subject to approval by A.A. World Services (G.S.O.). Some few names, such as “Caduceus” and “Birds of a Feather”, are reserved for special purpose groups. A group name change must be approved by GSO and entered by them. Allow a few weeks for this to happen.

**2No. of Members:** This is not your attendance but rather the number of people who would call *your group* their home group, or if they claim more than one home group, their *primary* home group. One measure GSO has of participation is donations per capita. Thus larger groups might well be expected to make larger GSO (and area) donations.

**3Phone Type:** Home (H); Work (W); Cell (C); FAX (F) or just describe it.

**4Address / Okay to List / Receives Mail:** We need the address of at least one contact who agrees to receive mail to keep in mail contact with them by our area and by GSO and AAWS. At least one contact who agrees to be listed with their phone number is required for the group itself to appear in the *Eastern States Directory*. **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, service number, and district.

**5Meeting Type:** (Open), (Closed), (other-please specify).

**6Phone Contact:** Our groups seldom have, or need, a separate phone contact; but, if you list one, they will appear first in the directory.

**Please write legibly!**