

SOUTH FLORIDA AREA 15**ALCOHOLICS ANONYMOUS NEW GROUP FORM**

"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 appropriate 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 member (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:** _____

IN-PERSON ONLY: _____ **HYBRID:** _____ **ON-LINE ONLY:** _____ [Please Check One] **NUMBER OF MEMBERS:** _____

ADDRESS: _____

CITY/TOWN: _____ **STATE:** _____ **ZIP CODE:** _____

MEETING DAY MEETING TIMES	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"/>
LANGUAGE (Please check one ✓) ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> FRENCH <input type="checkbox"/> OTHER _____ (Specify)							

GENERAL SERVICE REPRESENTATIVE

NAME: _____ **E-MAIL:** _____

ADDRESS: _____ **CITY/TOWN:** _____

STATE: _____ **ZIP CODE:** _____ **TELEPHONE:** _____

ALTERNATE G.S.R. **OR MAIL CONTACT** **(Please Check One)**

NAME: _____ **E-MAIL:** _____

ADDRESS: _____ **CITY/TOWN:** _____

STATE: _____ **ZIP CODE:** _____ **TELEPHONE:** _____

Do you want to receive Area Agenda/Minutes **Yes** **No** **If yes by** Email **or** Postal Mail

Do you want to receive District Agenda/Minutes **Yes** **No** **If yes by** Email **or** Postal Mail

Do you want to receive GSR Kit from GSO **Yes** **No** **If yes by** Email **or** Postal Mail

If so, does GSR want a digital kit or a hard-copy kit **Digital** **Hard Copy**

SIGNATURE: _____ **DATE:** _____

GROUP SERVICE NUMBER (ASSIGNED BY GSO) #: _____ **District** _____ **Sub-District** _____

PLEASE SUBMIT TO AREA 15 REGISTRAR AT: registrar@area15aa.org