

"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 START DATE: _____

GROUP NAME: _____

NUMBER OF MEMBERS: _____

GROUP MEETING LOCATION: _____

ADDRESS: _____

STATE/PROVINCE: _____ ZIP CODE: _____

CITY/TOWN: _____

MEETING DAY	MON	TUES	WED	THURS	FRI	SAT	SUN
MEETING TIMES	_____	_____	_____	_____	_____	_____	_____

Send correspondence from G.S.O. in ☐ ENGLISH ☐ SPANISH ☐ FRENCH Meeting language (if different) _____

MEETING TYPE (Open or Closed): _____ MEETING FORMAT (Discussion, Speaker, Etc): _____

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
☐ es
☐

No
No

If yes, is it open to A.A. members in the community as well as to patients in the center?

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

DATE: _____

SIGNATURE:

**TWO WAYS TO RETURN THIS
FORM:**

E-mail: registrar@nm-aa.org

Postal Mail to: Area 46 Registrar
823 Sunbird Ct SW
Albuquerque, NM 87121

**FOR G.S.O. RECORDS DEPT. USE
ONLY**

DELEGATE AREA NUMBER:

DISTRICT NUMBER:

GROUP SERVICE NUMBER (ASSIGN BY G.S.O.)