

NEW GROUP REGISTRATION 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 purpose. **Tradition Three**, 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**, long form.*

*Unless there is approximate conformity to A.A.'s Twelve Traditions, the group...can deteriorate and die. **Twelve Steps and Twelve Traditions**.*

It suggested group names no longer include the day of week or time of meeting in the name. 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.

Our group meets: _____ **IN PERSON/ HYBRID** _____ **ONLINE**

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: 26 **DISTRICT NUMBER:** _____ **NUMBER of HOME GROUP MEMBERS:** _____ **DATE GROUP STARTED:** _____

GROUP NAME: _____

Meeting Location: _____

Complete Address: _____

Amenities: _____ **Language:** _____

Meeting Day(s)	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Meeting Time(s)							
Meeting Type							
Open/Closed							

PRIMARY GROUP CONTACT (Receives All Group Mail)

Is GSR – Send my GSR Kit: ___ by mail ___ electronically ___ is Alternate GSR ___ is Mail Contact Only

Name: _____

Street Address (or P.O. Box Number): _____

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

Telephone: (____) _____ E-mail: _____

If you have previously held any service position and your information has changed since then, check here

SECONDARY GROUP CONTACT

Is GSR – Send my GSR Kit: ___ by mail ___ electronically ___ is Alternate GSR ___ is Mail Contact Only

Name: _____

Street Address (or P.O. Box Number): _____

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

Telephone: (____) _____ E-mail: _____

If you have previously held any service position and your information has changed since then, check here

Printed Name of Submitter: _____ Group/District/Area Position: _____

Phone No. for Questions: _____ Date This Form was Completed: _____

**Submit completed form to Area 20 Registrar: registrar@area26.net
Area 26 Attn: Registrar, P.O. Box 50542, Bowling Green, KY 42102-3742**

Submit copy of completed form to your District Secretary

Use through 12/31/2023