

GROUP SERVICE No. \_\_\_\_\_

DATE: \_\_\_\_\_

DELEGATE AREA No. 15DISTRICT No. 2

No. OF MEMBERS: \_\_\_\_\_

## OLD INFORMATION

## NEW INFORMATION

GROUP NAME: \_\_\_\_\_

In-Person ☐ Hybrid ☐ On-Line Only ☐ (Please check one v)

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

Street: \_\_\_\_\_

City/Town: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

## MEETING DAY

MON ☐ | TUES ☐ | WED ☐ | THUR ☐ | FRI ☐ | SAT ☐ | SUN ☐

## MEETING TIMES

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

LANGUAGE (Please check one v) ENGLISH ☐ SPANISH ☐ FRENCH ☐ OTHER \_\_\_\_\_

## GENERAL SERVICE REPRESENTATIVE (G.S.R.)

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City/Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

ALTERNATE G.S.R. ☐ or MAIL CONTACT ☐ (Please check one v)

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City/Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Do you want to receive Area agenda/Minutes Yes ☐ No ☐Do you want to receive District agenda/minutes Yes ☐ No ☐Does GSR want to receive GSR kit from GSO Yes ☐ No ☐If so, does GSR want a digital or hard copy kit? Yes ☐ No ☐

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State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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"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.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PLEASE SUBMIT TO DISTRICT 2 REGISTRAR AT [registrar@aatampa.org](mailto:registrar@aatampa.org) COPY TO: [registrar@area15aa.org](mailto:registrar@area15aa.org)  
If by U.S. Postal Mail: District 2 Registrar, P.O. Box 20623, Tampa, FL 33622