

GROUP SERVICE No. _____

DATE: _____

DELEGATE AREA No. _____

DISTRICT No. _____

No. OF MEMBERS _____

OLD INFORMATION

GROUP NAME _____

Group Meeting Location: _____

Street _____

City/ Town _____

State/Prov _____ Zip/ PC _____

| MEETING DAY | | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> Mon | <input type="checkbox"/> Tue | <input type="checkbox"/> Wed | <input type="checkbox"/> Thu | <input type="checkbox"/> Fri | <input type="checkbox"/> Sat | <input type="checkbox"/> Sun |
| MEETING TIME | | | | | | |
| | | | | | | |

GENERAL SERVICE REPRESENTATIVE (G.S.R.)

Name _____

Street _____

City/ Town _____

State/Prov _____ Zip/ PC _____

Tel _____ Email _____

ALTERNATE GSR or **MAIL CONTACT** (please check one ✓)

Name _____

Street _____

City/ Town _____

State/Prov _____ Zip/ PC _____

Tel _____ Email _____

NEW INFORMATION

GROUP NAME _____

Group Meeting Location: _____

Street _____

City/ Town _____

State/Prov _____ Zip/ PC _____

| MEETING DAY | | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> Mon | <input type="checkbox"/> Tue | <input type="checkbox"/> Wed | <input type="checkbox"/> Thu | <input type="checkbox"/> Fri | <input type="checkbox"/> Sat | <input type="checkbox"/> Sun |
| MEETING TIME | | | | | | |
| | | | | | | |

GENERAL SERVICE REPRESENTATIVE (G.S.R.)

Name _____

Street _____

City/ Town _____

State/Prov _____ Zip/ PC _____

Tel _____ Email _____

ALTERNATE GSR or **MAIL CONTACT** (please check one ✓)

Name _____

Street _____

City/ Town _____

State/Prov _____ Zip/ PC _____

Tel _____ Email _____

1. If the Group is to be listed in the US/Canada Directory, please provide a telephone number and mailing address for the G.S.R., Alternate G.S.R. or Group contact. 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 and service number.

OK TO LIST IN THE DIRECTORY? Yes No

2. Do you wish to receive materials from BC Yukon Area 79 General Service Committee via email? Yes

If yes please reconfirm your email address here: _____

Signature: _____ Date: _____

"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

IF SUBMITTING VIA REGULAR MAIL PLEASE RETURN TO:

BC YUKON AREA 79 - ATTENTION REGISTRAR
PO BOX 42114
VANCOUVER, BC, V5S 4R5

IF SUBMITTING VIA EMAIL PLEASE DIRECT TO: registrar@bcyukonaa.org