

"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 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: _____

GROUP MEETING LOCATION: _____ NUMBER OF MEMBERS: _____

ADDRESS _____

CITY/TOWN _____ State/Prov _____ ZIP/ PC _____

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

GENERAL SERVICE REPRESENTATIVE (G.S.R.)

NAME _____ TELEPHONE # (include area code) _____

STREET _____ CITY/TOWN _____

STATE/PROV _____ ZIP/ PC _____ EMAIL _____

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

NAME _____ TELEPHONE # (include area code) _____

STREET _____ CITY/TOWN _____

STATE/PROV _____ ZIP/ PC _____ EMAIL _____

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

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

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: _____

DELEGATE AREA NUMBER _____ **DISTRICT NUMBER** _____

GROUP SERVICE NUMBER (ASSIGNED BY G.S.O.) # _____

IF SUBMITTING VIA REGULAR MAIL PLEASE RETURN TO: BC YUKON AREA 79 - ATTENTION REGISTRAR
PO BOX 42114
VANCOUVER, B.C. V5S 4R5

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