

"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)

**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 \_\_\_\_\_

Languages other than English

Please specify

BB Big Book

C Closed

D Discussion

H Hospital

I Institution

O Open

S Step

T Traditions

WA Wheelchair

Meeting Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Meeting Time							

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

NAME \_\_\_\_\_ TELEPHONE # (include area code) \_\_\_\_\_

STREET \_\_\_\_\_ CITY/TOWN \_\_\_\_\_

STATE/PROV \_\_\_\_\_ ZIP/ PC \_\_\_\_\_ EMAIL \_\_\_\_\_

ALTERNATE GSR

or MAIL CONTACT

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