

A.A.'s Traditions suggest that a group not be named after a facility or person (living or deceased), and that the name of a group not imply affiliation with any sect, religion, organization or institution.

Virtual Groups are encouraged to check with the Area Registrar regarding their preferred Area and District. Otherwise, the default is Area 47.

AREA #: 47 DISTRICT #: (Identified by Area Registrar) _____ GROUP START DATE: _____

GROUP NAME: _____ NUMBER OF MEMBERS: _____

GROUP MEETING LOCATION: _____

If your Virtual group does not have a specific City/Town or State/Province the Primary Contact's City/Town and State/Province will be used.

STREET ADDRESS: _____

CITY/TOWN: _____ STATE: _____ ZIP: _____

Communication is sent in one of the languages below

LANGUAGE: ENGLISH SPANISH FRENCH

Type/Format: In-person (including hybrid) Virtual (including phone)

Does your group meet in a hospital, treatment center or detox center setting? Yes No

If yes, is it open to A.A. members outside the center? Yes No

Note: Contact information provided is used by G.S.O. and AA Grapevine for purposes of A.A. service communications.

PRIMARY CONTACT (required)

GENERAL SERVICE REPRESENTATIVE (G.S.R.)

NAME _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

CITY/TOWN: _____

CITY/TOWN: _____

STATE: _____ ZIP: _____

STATE: _____ ZIP: _____

PHONE: _____

PHONE: _____

EMAIL: _____

EMAIL: _____

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

Your Group's Link to A.A. as a whole [General Service Representative](#)

"The G.S.R.s of the U.S. and Canada are the very foundation of our general service structure. Through the G.S.R., you can make your group's voice heard at district meetings, at area assemblies, and eventually at the General Service Conference.

Primary Contact

GSR

Alt. GSR

To opt in to receive a print version of the Group Handbook please check:

- Digital Group Handbook: [Group Handbook Contents](#)
- New G.S.R.'s will automatically receive a digital G.S.R. Kit. If you require a print version, please check:
- To sign up for digital delivery of Box 4-5-9 at no charge visit: [BOX 459](#)

RETURN FORM

POSTAL MAIL

Area 47 Registrar
PO BOX 23
BLACK RIVER, NY 13612

EMAIL TO

Area 47 Registrar
registrar@aacny.org

LOCALLY

Area assembly
For more information, visit
aacny.org

INTERNAL USE > REGISTRAR

GROUP ID: _____

CONTACT ID: _____