

This form is to be used to register new groups or groups never before registered with Area 08 and the General Service Office (GSO) in New York. Please complete this form in its entirety. Missing information will delay recording.

Upon receipt and the recording into the GSO database by the Area Registrar the group will be subject to a 30 day waiting period. Once the pending period expires a GSO group number will be issued and mailed to you with a [New Group Handbook](#). Handbook contents are available to preview by clicking on the link above or by using the search feature on GSO's website aa.org.

Please Return to the Area 08 Registrar via ☐ Email: registrar@area8aa.org ☐ US Mail: POB 3670, San Diego, CA 92163 ☐ In Person

Upon completing this form online, you must save it "save as" a file on your computer so to attach it to an email.

AREA NUMBER 08 **DISTRICT NUMBER** _____ **GROUP START DATE** _____ **LANGUAGE** _____

Group Name: (No Abbreviations) _____

Meeting Location: (Choose one of the following only: Church, Commercial, Residential, Park, Beach, Virtual) _____

Street Address: _____

City / Town: _____ **CA** **Zip Code:** _____ **Tel: (if applicable)** _____

*** Estimated Group Member Count** _____

Meeting Day & Time

☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun

Time: _____ (If Multiple) _____ ☐ AM ☐ PM

Is the group listed in the Central Office Meeting Directory? ☐ Yes ☐ No

If yes, and it's listed other than by its group name, how is it identified?

Please Check the Central Office Meeting Directory here.

[No. County San Diego](#) [San Diego Proper](#)

Must include at least one of the following for communication purposes.

☐ **General Service Representative (GSR)**

☐ **Group Contact (If no GSR or Alt. GSR)**

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ **CA** **Zip:** _____

City: _____ **CA** **Zip:** _____

Email: _____

Email: _____

Telephone: _____ ☐ Cell ☐ Landline

Telephone: _____ ☐ Cell ☐ Landline

Beginning Date: _____ **Ending Date:** _____

☐ **Alternate General Service Representative (Alt. GSR)**

Name: _____

Address: _____

City: _____ **CA** **Zip:** _____

Email: _____

Telephone: _____ ☐ Cell ☐ Landline

Beginning Date: _____ **Ending Date:** _____

The GSO Meeting Directory is for Twelfth Step referral and / or for meeting information. The GSRs (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

Does your group meet in a hospital or treatment 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

Signature: _____ **Date:** _____ **Area Registrar:** _____

For GSO Records Department Use Only

Delegate Area No. **08** District No. _____ Group Service No. (Assigned by GSO only) _____ / _____