

General Service Representative (GSR) Registration Form

This form is to be used to register GSRs with Area 08 and the General Service Office (GSO) in New York.

Please take a moment to confirm your group's proper name and GSO Group ID Number as it is recognized and recorded within the Area and the General Service Office prior to submitting your registration by [clicking here](#). To identify your District [click here](#).

Upon the recording of your GSR registration, GSO will send via US Mail a GSR Kit consisting of literature, guidelines, a service manual, service materials and more. Preview most of these materials by [clicking here](#).

Return to the Area 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 pdf file on your computer so to attach it to an email.

GSO GROUP SERVICE No. _____ DISTRICT No. _____ DELEGATE AREA No. **08**

Group Name: (No Abbreviations) _____

Meeting Place: (Select one) Is it a Church, Commercial Prop., Residence, Park, Beach, Virtual? _____

Street Address: (Virtual Groups use GSR's address) _____

Virtual Only Group: (Permanent) ☐ Zoom ☐ _____ Other Meeting ID: _____ PW: (Optional) _____

City / Town: _____ CA Zip Code: _____ Telephone: (If applicable) _____

Meeting Day & Time

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

Time: _____ ☐ AM ☐ PM

If Varying Times _____

Estimated Group Member Count # _____

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

Is the Group listed by its correct Group Name? ☐ Yes ☐ No

Please Check the Central Office Meeting Directory here.

No. County San Diego San Diego Proper

If listed differently than the exact Group Name how does it read?

Listed as: _____

☐ General Service Representative (GSR)

Name: _____

Address: _____

City: _____ CA Zip: _____

Email: _____

Telephone: _____ ☐ Cell ☐ Landline

Beginning Date: _____ Ending Date: _____

☐ Previous General Service Representative (GSR)

Name: _____

☐ Alternate General Service Representative (Alt. GSR)

Name: _____

Address: _____

City: _____ CA Zip: _____

Email: _____

Telephone: _____ ☐ Cell ☐ Landline

Beginning Date: _____ Ending Date: _____

☐ Previous Alt. General Service Representative (Alt. GSR)

Name: _____

If the Group is to be listed in the Directory, please provide a telephone number and mailing address for the GSR, Alternate GSR, or group contact. Listing in the 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 GSO NATIONAL DIRECTORY? ☐ Yes ☐ No

Signature: _____ Date: _____ Registrar: _____