

# Intergroup Representative Information

Please fill this form out and return it to Intergroup.

Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Group Name: \_\_\_\_\_

Group Business Meeting Time & Location: \_\_\_\_\_

Building (Name of Church or Club, if applicable): \_\_\_\_\_

Your Phone Number: \_\_\_\_\_

Your Email: \_\_\_\_\_

(If you have specific times that you would like to be contacted, please note this next to your phone number.)

- Would you like to receive the Add-A-Line in a monthly email? YES NO
- Would you like to be added to our 12 Step Phone List? YES NO
  - If YES please answer:
  - What Days & Times are you available? \_\_\_\_\_
  - What area of town are you in? \_\_\_\_\_

(This is a list of contacts that would be willing to call an alcoholic. Intergroup will never give out your information. We will call you with the 12 Stepper's information for you to call them.)

- If you are interested in volunteering or becoming involved with the A.A. community, please circle the areas below and the Chairperson of that committee will contact you.

Archives                  Corrections                  CPC (Cooperation with the Professional Community)

Fundraisers                  PI (Public Information)                  Treatment                  Add-A-Line

Thank you for your willingness to serve as an Intergroup Representative. We will not give out any of this information, it is only for the Intergroup Office. The purpose of your contact information is to keep you informed about Intergroup. If you no longer wish to receive any information, just email us and we will remove you from our email list. Thank you again!