

Intergroup Representative Information

Please fill this form and return it to the Intergroup

Name:	Date:
Group Name:	
Group Business Meeting Place & Time:	
Building (Name of Church or Club, Nearby Landmark)	
Phone Number:	
E-Mail:	

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

❖ Would you like to receive the Add-A-Line in a monthly E-Mail? **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 the committee will contact you.

ARCHIVES ADD- A- LINE BANQUET (FUNDRAISERS) CORRECTIONS
CPC (Cooperation with the Professional Community) OFFICE VOLUNTEER
PI (Public Information) TREATMENT OTHER: _____

Thank you for your willingness to serve as an Intergroup Representative. We will not give out any of this information unless you have volunteered for a specific committee.

The purpose of your contact information is to keep you informed about intergroup. If you no longer wish to receive any information, just E-Mail us at neflintergroup@gmail.com and we will remove you from our E-Mail List.

(updated 06/22/2017)

THANK YOU!