

# NASSAU INTERGroup of Alcoholics ANONYMOUS

361 HEMPSTEAD TURNPIKE, WEST HEMPSTEAD, NY 11552~1329

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Office: (516) 292~3045

eMail Address: INTERGROUP@NASSAUNY-AA.ORG

WebSite: HTTP://WWW.NASSAUNY-AA.ORG

DATE \_\_\_\_\_

NIAA NUMBER \_\_\_\_\_

## \*\* Group OFFICERS list \*\*

GROUP TOWN: \_\_\_\_\_

GROUP NAME: \_\_\_\_\_

MTG Facility: \_\_\_\_\_

MTG Addr: \_\_\_\_\_ Zip: \_\_\_\_\_

GRp Mail Addr: \_\_\_\_\_

GRp Mail TOWN: \_\_\_\_\_ Zip: \_\_\_\_\_

*It is recommended that every group maintain a permanent mailing address at a local post office.*

**CONFIDENTIAL** *Please fill this form out completely and PLEASE print legibly!* **CONFIDENTIAL**

### GROUP CHAIRPERSON

NAME: \_\_\_\_\_

Addr: \_\_\_\_\_

TOWN: \_\_\_\_\_ Zip: \_\_\_\_\_

PHONE: (h): \_\_\_\_\_ (w): \_\_\_\_\_

### GROUP SECRETARY

NAME: \_\_\_\_\_

Addr: \_\_\_\_\_

TOWN: \_\_\_\_\_ Zip: \_\_\_\_\_

PHONE: (h): \_\_\_\_\_ (w): \_\_\_\_\_

### PROGRAM CHAIRPERSON

NAME: \_\_\_\_\_

Addr: \_\_\_\_\_

TOWN: \_\_\_\_\_ Zip: \_\_\_\_\_

PHONE: (h): \_\_\_\_\_ (w): \_\_\_\_\_

### GROUP TREASURER

NAME: \_\_\_\_\_

Addr: \_\_\_\_\_

TOWN: \_\_\_\_\_ Zip: \_\_\_\_\_

PHONE: (h): \_\_\_\_\_ (w): \_\_\_\_\_

### INSTITUTIONS REPRESENTATIVE

NAME: \_\_\_\_\_

Addr: \_\_\_\_\_

TOWN: \_\_\_\_\_ Zip: \_\_\_\_\_

PHONE: (h): \_\_\_\_\_ (w): \_\_\_\_\_

### SHARE-A-DAY REP (SEP ~ MAY)

NAME: \_\_\_\_\_

Addr: \_\_\_\_\_

TOWN: \_\_\_\_\_ Zip: \_\_\_\_\_

PHONE: (h): \_\_\_\_\_ (w): \_\_\_\_\_

### NASSAU INTERGroup Rep (2 YEAR TERM)

NAME: \_\_\_\_\_

Addr: \_\_\_\_\_

TOWN: \_\_\_\_\_ Zip: \_\_\_\_\_

PHONE: (h): \_\_\_\_\_ (w): \_\_\_\_\_

### INTERGroup ALTERNATE (2 YEAR TERM)

NAME: \_\_\_\_\_

Addr: \_\_\_\_\_

TOWN: \_\_\_\_\_ Zip: \_\_\_\_\_

PHONE: (h): \_\_\_\_\_ (w): \_\_\_\_\_

*After your group elections, this form must be returned to the InterGroup office by the Jan/Jul Reps meeting. Either have your rep return it at that*

### GENERAL SERVICE REPRESENTATIVE (2 YEAR TERM)

NAME: \_\_\_\_\_

Addr: \_\_\_\_\_

TOWN: \_\_\_\_\_ Zip: \_\_\_\_\_

PHONE: (h): \_\_\_\_\_ (w): \_\_\_\_\_

*meeting (the 1<sup>st</sup> Thursday of -Jan/Jul) or mail it to the office.*

*Only groups returning this form will receive a Secretary-Program Chairperson roster.*

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_