

Delegate Contact Information

Date: ___/___/___ Group Name: _____

Primary Delegate

Name: _____

Cell Ph: ___-___-___ Home Ph: ___-___-___

Work Ph: ___-___-___ Date Elected: ___/___/___

Email: _____ Length of Term: _____

Alternate Delegate

Name: _____

Cell Ph: ___-___-___ Home Ph: ___-___-___

Work Ph: ___-___-___ Date Elected: ___/___/___

Group Meetings

Day(s) of Meeting: _____ Time(s): _____

Location of Meeting: _____

Address: (Street) _____ (City) _____

Group Conscious Meeting: _____

12 Step Information

12 Step Call Availability: Delegate, Alt. Delegate Yes ___ No ___

Best Way to Contact: _____ Area: _____

Questions Regarding This Form Direct to the Intergroup Corresponding Secretary