

# NASSAU INTERGroup of Alcoholics ANONYMOUS

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\_\_\_\_\_  
NIAA Number

\_\_\_\_\_  
GSO Number

Date \_\_\_\_\_

## \*\*\* 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**

<p style="text-align: center;"><b>GROUP CHAIRPERSON</b></p> <p>NAME: _____                      Addr: _____                      TOWN: _____ Zip: _____                      PHONE: (h): _____ (w): _____</p>	<p style="text-align: center;"><b>GROUP SECRETARY</b></p> <p>NAME: _____                      Addr: _____                      TOWN: _____ Zip: _____                      PHONE: (h): _____ (w): _____</p>
<p style="text-align: center;"><b>PROGRAM CHAIRPERSON</b></p> <p>NAME: _____                      Addr: _____                      TOWN: _____ Zip: _____                      PHONE: (h): _____ (w): _____</p>	<p style="text-align: center;"><b>GROUP TREASURER</b></p> <p>NAME: _____                      Addr: _____                      TOWN: _____ Zip: _____                      PHONE: (h): _____ (w): _____</p>
<p style="text-align: center;"><b>INSTITUTIONS REPRESENTATIVE</b></p> <p>NAME: _____                      Addr: _____                      TOWN: _____ Zip: _____                      PHONE: (h): _____ (w): _____</p>	<p style="text-align: center;"><b>SHARE-A-DAY REP (SEP ~ MAY)</b></p> <p>NAME: _____                      Addr: _____                      TOWN: _____ Zip: _____                      PHONE: (h): _____ (w): _____</p>
<p style="text-align: center;"><b>NASSAU INTERGROUP Rep (2 YEAR TERM)</b></p> <p>NAME: _____                      Addr: _____                      TOWN: _____ Zip: _____                      PHONE: (h): _____ (w): _____</p>	<p style="text-align: center;"><b>INTERGROUP ALTERNATE (2 YEAR TERM)</b></p> <p>NAME: _____                      Addr: _____                      TOWN: _____ Zip: _____                      PHONE: (h): _____ (w): _____</p>

*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: \_\_\_\_\_