

NASSAU INTERGroup of Alcoholics ANONYMOUS

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DATE _____

NIAA NUMBER _____

*** 12TH STEP CONTACT list ***

Group Name _____

Group Contact _____

Phone _____

Email _____

It is recommended that you have 90 days sober before including your name on this list.

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

NAME	TOWN	Telephone and Email	Gender	Willing to talk w/ those leaving treatment	Willing to talk w/ those leaving jail/prison	Weekdays			Weekends			
						12 Mid 8 AM	8 AM 6 PM	6 PM 12mid	12 Mid 8 AM	8 AM 6 PM	6 PM 12mid	
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NASSAU INTERGroup NEEDS YOUR help TO CARRY THE MESSAGE OF AA.

I AM RESPONSIBLE...When anyone, anywhere, reaches out for help,

I want the hand of AA always to be there, And for that:

I am responsible.

**PLEASE RETURN THIS FORM BY MAIL OR EMAIL
USING INFO AT TOP OF FORM.**

