

# NASSAU INTERGroup of Alcoholics ANONYMOUS

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DATE \_\_\_\_\_

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

## \*\*\* 12<sup>TH</sup> STEP CONTACT list \*\*\*

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

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

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

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

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

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

*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 with those leaving treatment	Willing to talk with those leaving jail/prison	WeekDay			WeekEnd			
						12 M	8 AM	6 PM	12 M	8 AM	6 PM	
						8 AM	6 PM	12 M	8 AM	6 PM	12 M	

**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.**