

Registration for Meeting Secretaries

Date _____

Your Name: First _____ Last _____		
Address _____		
City _____	State _____	Zip _____
Home Phone _____	Cell Phone _____	Work phone _____
Fax: _____	E-mail Address _____	
Date your commitment starts: _____		Date your commitment ends: _____
Who are you replacing? Name: _____		

Group Name: _____		
<small>Please enter group name as it appears in the meeting schedule.</small>		
Place where Group Meets: _____		
Group Address: _____		
Group City: _____	Meeting Day: _____	Time _____

Mail, deliver, email or fax to:

AA Central Office

2215 S. El Camino Real, Ste. 204, San Mateo, CA 94403

Phone: 650.577.1310 fax: 650.577.1385

email: AAasanmateo@AOL.com website: www.AA-san-mateo.org

You will receive a copy of *High Sobriety Newsletter* for your term as Secretary or you may choose to include the subscription rate of \$6 for a year to help support our newsletter. Thank you.

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