

Registration for Meeting Treasurer

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: _____

Please enter group name as it appears in the meeting schedule.

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

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

Make checks payable to: San Mateo County Fellowship

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