

INSTRUCTIONS

- New Group:** For any group that has never registered with the WSO, complete sections A through G on the reverse.
- Change:** To change current group information, complete sections A, B and any other applicable section on the reverse.
- Cancellation:** To remove group from WSO registration, complete sections A, B, C, D (city and state only) and H on the reverse.

- Please print clearly with dark ink. Keep one copy for your records; make an additional copy for your intergroup if required.
- Groups outside the U.S., please use the international version of this form.
- *Please provide the full address of your meeting location, including county and zip code.*
- IMPORTANT NOTE: If you are the contact for your meeting, be aware that only your first name and phone number will be listed on the WSO Web site. Please select another contact person if you do not want to be listed online, or list the local intergroup phone number. Every group must have a contact person.
- Please include the group secretary's full name and address. Full names and addresses are published within the Fellowship only and will not appear online. The WSO needs this information so that vital OA correspondence can be mailed to registered groups.
- Use this form for all future changes to your group's information. The form is also available on OA's Web site at https://secure.yourmis.com/oa.org/us_group_registration.html
- All group registration or changes are made in the order in which they are received. Please allow 3-4 weeks for processing. Thank you.

By submitting this form to the WSO, your group is agreeing to comply with Tradition Three and OA Bylaws, Subpart B, Article V as stated below.

Tradition Three:

The only requirement for OA membership is a desire to stop eating compulsively.

OA Bylaws, Subpart B, Article V—OVEREATERS ANONYMOUS GROUPS

Section 1 — Definition

- a). 1. As a group, they meet to practice the Twelve Steps and Twelve Traditions of OA.
2. All who have a desire to stop eating compulsively are welcome in the group.
3. No member is required to practice any actions in order to remain a member or to have a voice (share at a meeting).
4. As a group, they have no affiliation other than OA.

Section 2 — Composition

- a). A group may be formed by two (2) or more persons meeting together as set forth in Article V, Section 1.

Overeaters Anonymous, Inc.

Return this form to: World Service Office, P.O. Box 44020, Rio Rancho, New Mexico 87174-4020 USA

For information: 1-505-891-2664 • FAX: 1-505-891-4320 • E-mail: info@oa.org

Web site: www.oa.org

PLEASE SEE INSTRUCTIONS ON REVERSE BEFORE COMPLETING THIS FORM.

A New Group Change Information Cancel group

Effective Date _____

Submitted by* _____

Phone* _____ Email _____

*** Required**

B GROUP NUMBER

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Note: Always enter your group number unless yours is a new group. Enter last five digits only.

C INTERGROUP INFORMATION

1) Does your group belong to an intergroup? No Yes (IF YES, PROVIDE INTERGROUP NAME OR NUMBER.)

Intergroup name _____ No. [][][][] Region [][]

2) Name of local intergroup if you wish to join one:

Intergroup name _____ No. [][][][] Region [][]

To locate an intergroup in your area, contact the WSO or go to www.oa.org/pdf/MonthlyIGreport.pdf

3) If you wish to change intergroup affiliation, list new affiliation below:

Intergroup name _____ No. [][][][]

NOTE: Intergroup changes should be submitted on an Intergroup Registration Form, which is available from the WSO.

D MEETING LOCATION

Meeting Place

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Meeting Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City _____ State [][] County _____ Zip _____

E MEETING DAY, TIME, SPECIAL FOCUS/TOPIC

Meeting Day [][][][][][] Meeting Time [][] : [][] AM PM Special Focus/Topic _____

F MEETING CONTACT

IMPORTANT NOTE: If you are the contact for your meeting, be aware that your first name and phone number only will be listed online on the WSO Web site. Please select another contact person if you do not want to be listed online. Every group must have a contact person.

First Name Only _____ Area Code _____ Telephone No. _____

Email Address _____

G SECRETARY/PERMANENT MAILING ADDRESS

Full Name _____ Area Code _____ Telephone No. _____

Street Address or Post Office Box _____

City _____ State [][] Zip + 4 _____

Email Address _____

NOTE: Full names/addresses are published within the Fellowship only, and will not appear online. WSO needs this information so that vital OA correspondence can be mailed to registered groups.

H CANCEL GROUP

If you are cancelling your group, reason for cancellation: