

OA INTERGROUP REGISTRATION/CHANGE FORM



This form may also be completed at http://www.oa.org/registration_forms.html

New Group
 Change Information
 Cancel group

Effective Date _____
 Submitted by* _____
 Phone* _____ Email _____
**Required*

INTERGROUP NUMBER:

| | | | | |
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REGION:

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*Please send a copy of this form to your region secretary.

PLEASE PRINT CLEARLY

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|--|---|--|--|--|--|--|--|
| INTERGROUP NAME | Name of intergroup: _____ | | | | | | |
| Do you belong to a National/Language Service Board (N/LSB)? <input type="checkbox"/> No <input type="checkbox"/> Yes (IF YES, N/LSB NAME OR NO.) | N/LSB Name _____ No. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td></tr></table> Region <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 15px;"></td><td style="width: 15px;"></td></tr></table> | | | | | | |
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| If you wish to change National/Language Service Board affiliation, list your <i>new</i> affiliation below: | N/LSB Name _____ No. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td></tr></table> Region <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 15px;"></td><td style="width: 15px;"></td></tr></table> | | | | | | |
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| MAILING ADDRESS | C/O or P.O. Box: _____ | | |
| NOTE: WITH THE EXCEPTION OF EMAIL, THIS ADDRESS WILL BE LISTED IN THE DIRECTORY AND ON OA'S WEB SITE AS WRITTEN. | Street Address: _____ | | |
| | City: _____ | State: _____ | |
| | Zip: _____ | Country: _____ | |
| | E-mail: _____ | Web-Site URL: _____ | |

| | | | | |
|--|--------------------------|----------------------------------|----------------|---------------|
| PHONE NUMBERS | Answering Service: _____ | Country Code (outside US/Canada) | City/Area Code | Telephone No. |
| THESE NUMBERS WILL APPEAR ON ALL DIRECTORIES. | Alternate: _____ | Country Code (outside US/Canada) | City/Area Code | Telephone No. |

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|----------------------------|--|
| GENERAL AREA SERVED | General area served by intergroup: _____ |
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|--------------------------|----------------------------------|----------------|----------------|--|
| SERVICE POSITIONS | CHAIRPERSON'S NAME: _____ | | | |
| Street Address: _____ | | | | |
| City: _____ | State: _____ | Zip: _____ | Country: _____ | |
| Phone: _____ | Country Code (outside US/Canada) | City/Area Code | Telephone No. | |
| E-mail: _____ | | | | |

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|--------------------------------|----------------------------------|----------------|----------------|--|
| SECRETARY'S NAME: _____ | | | | |
| Street Address: _____ | | | | |
| City: _____ | State: _____ | Zip: _____ | Country: _____ | |
| Phone: _____ | Country Code (outside US/Canada) | City/Area Code | Telephone No. | |
| E-mail: _____ | | | | |

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|--|----------------------------------|----------------|---------------|--|
| CONTACT PERSON for business between WSO and intergroup: | | | | |
| Name: _____ | | | E-mail: _____ | |
| Phone: _____ | Country Code (outside US/Canada) | City/Area Code | Telephone No. | |

