

OA INTERGROUP REGISTRATION/CHANGE FORM



This form may also be completed at <http://www.oa.org/meetings/service-body-registrationchange-forms.php>

New Group
 Change Information
 Cancel group

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

INTERGROUP NUMBER:

0	9			
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REGION:

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*

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

PLEASE PRINT CLEARLY

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"><tr><td></td><td></td><td></td><td></td></tr></table> Region <table border="1"><tr><td></td><td></td></tr></table> If you wish to change National/Language Service Board affiliation, list your <i>new</i> affiliation below: N/LSB Name _____ No. <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> Region <table border="1"><tr><td></td><td></td></tr></table>												

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. _____

GENERAL AREA SERVED	General area served by intergroup: _____

SERVICE POSITIONS	CHAIRPERSON'S NAME: _____			
	Street Address: _____			
	City: _____ State: _____ Zip: _____ Country: _____			
	Phone: _____	Country Code (outside US/Canada) _____	City/Area Code _____	Telephone No. _____
	E-mail: _____			
	SECRETARY'S NAME: _____			
	Street Address: _____			
	City: _____ State: _____ Zip: _____ Country: _____			
	Phone: _____	Country Code (outside US/Canada) _____	City/Area Code _____	Telephone No. _____
	E-mail: _____			
	CONTACT PERSON for business between WSO and intergroup: _____			
	Name: _____ E-mail: _____			
	Country Code (outside US/Canada) _____ City/Area Code _____ Telephone No. _____			

