



SERVICE BY MAIL/EMAIL PROGRAM

PLEASE PRINT!

Name _____ Gender (M/F) _____ Year of Birth* _____

Address (Street or P.O. Box) _____

City _____ State/Province _____ Country _____

Zip/Postal Code _____ Email Address (will be published)* _____

OA Start Date (month/year)* _____ Date Abstinence Started (month/year)* _____

*optional

INDICATE AT LEAST ONE OPTION BELOW—IT IS VERY IMPORTANT THAT YOU LET US KNOW HOW YOU WOULD LIKE TO PARTICIPATE. WITHOUT THIS INFORMATION WE DO NOT KNOW HOW TO MEET YOUR NEEDS.

I would like to BE a sponsor by mail/email

What is a sponsor? Sponsors are OA members who are living the Twelve Steps and Twelve Traditions to the best of their ability. They are willing to share their recovery, are committed to abstinence, and are willing to guide another member in working the Twelve Steps.

I would like to HAVE a sponsor by mail/email

What should I expect from a sponsor? We ask a sponsor to help us work the Twelve Steps of OA as a program of recovery on all three levels: physical, emotional, and spiritual. Sponsors share their program up to the level of their own experience.

I would like to have an OA pen pal

What is a pen pal? OA members who would like to meet OAers in other locations to correspond with and support each other in their program and in life.

I live in a remote location or there are no active OA meetings in my area. Please send me additional information and options for members who cannot attend face to face meetings (no fee).

NOTE: THIS INFORMATION IS INTENDED FOR USE ONLY WITHIN THE FELLOWSHIP.

Upon receipt of your application and the \$10 fee, you will receive an updated Service-by-Mail/Email contact list three times during the year of your enrollment. Annual re-enrollment is required for continued participation.

SERVICE BY MAIL/EMAIL ANNUAL ENROLLMENT FEE

Enclosed is a check or money order in US funds.

Please charge my credit card:

Visa MasterCard Discover

Service by Mail/Email Fee* \$10.00

Additional contribution (optional) \$ _____

TOTAL \$ _____

*US funds only; non-US funds will be returned.

CARD #

EXPIRATION DATE

CVV CODE

SIGNATURE

NAME AS IT APPEARS ON CARD

Submit this form to:

World Service Office
Service by Mail/Email Program
P.O. Box 44020
Rio Rancho, NM 87174-4020 USA
Tel: 505-891-2664 • Fax: 505-891-4320
Email: servicebymail@oa.org

I give Overeaters Anonymous, Inc. permission to distribute my name and the above information to other participants in the Service-by-Mail/Email program. I understand that my name will be removed from the list at the conclusion of my enrollment. I am agreeing to uphold the confidentiality of this information and Tradition Six restricting this data for OA use only and not for any outside enterprise.