

District 1 General Service Registrar Form

Return to District 1 Registrar
districtoneregistrar@gmail.com

Date _____

Check your position

DCM___ Sun District_____

ACM___ Sub District_____

GSR___ Group_____ Sub District _____

AGSR___ Group_____ Sub District _____

Standing Committee Chairperson_____

Standing Committee_____

Please fill out all information below

Name_____

Address_____

City, State, Zip_____

Phone#_____ Email_____

Group Name_____ Group #_____

Group Location_____

Meeting Days Mon___ Tues___ Wed___ Thu___ Fri___ Sat___ Sun___

Meeting Time Mon___ Tues___ Wed___ Thu___ Fri___ Sat___ Sun___

Please add me to the District 1 Contact list to receive emails, Agendas, District Business meeting minutes etc. All emails will be sent blind carbon copy to protect anonymity.

Yes___ No___