

H.A.'s Traditions suggest that a group not be named after a facility or member (living or deceased), and that the name of a group not imply affiliation with any sect, religion, organization or institution.

GROUP NAME: _____ GROUP START DATE: _____
 GROUP MEETING LOCATION: _____ NUMBER OF MEMBERS: _____
 ADDRESS: _____
 CITY/TOWN: _____ STATE/PROVINCE: _____ ZIP CODE: _____

MEETING DAY	MON <input type="checkbox"/>	TUES <input type="checkbox"/>	WED <input type="checkbox"/>	THURS <input type="checkbox"/>	FRI <input type="checkbox"/>	SAT <input type="checkbox"/>	SUN <input type="checkbox"/>
MEETING TIMES							
LANGUAGE (Please check one <input checked="" type="checkbox"/>)							
	ENGLISH <input type="checkbox"/>	SPANISH <input type="checkbox"/>	FRENCH <input type="checkbox"/>	OTHER	(Specify)		

GENERAL SERVICE REPRESENTATIVE

NAME: _____ E-MAIL: _____
 ADDRESS: _____ CITY/TOWN: _____
 STATE/PROVINCE: _____ ZIP CODE: _____ TELEPHONE: _____

ALTERNATE G.S.R. **OR MAIL CONTACT** (Please check one)

NAME: _____ E-MAIL: _____
 ADDRESS: _____ CITY/TOWN: _____
 STATE/PROVINCE: _____ ZIP CODE: _____ TELEPHONE: _____

SECRETARY

NAME: _____ E-MAIL: _____
 ADDRESS: _____ CITY/TOWN: _____
 STATE/PROVINCE: _____ ZIP CODE: _____ TELEPHONE: _____

TREASURER

NAME: _____ E-MAIL: _____
 ADDRESS: _____ CITY/TOWN: _____
 STATE/PROVINCE: _____ ZIP CODE: _____ TELEPHONE: _____

Does your Group meet in a hospital, treatment center or detox center? Yes No
 If yes, is it open to HA members in the community as well as to patients in the center? Yes No

If the Group is to be listed in the Directory, please provide a telephone number and mailing address for the G.S.R., Alternate G.S.R., or Group contact. Listing in the Directory is for Twelfth Step referral and/or for meeting information. The G.S.R.'s (or other contact) name and telephone number will be included in the Directory with the group's name and service number.

OK TO LIST IN THE DIRECTORY? Yes No

SIGNATURE: _____ DATE: _____

This form may be submitted utilizing one of the following delivery methods:

- Postal Mail to:** HA World Service, Inc.
 24 W Camelback Rd.
 PO Box 587, Suite A
 Phoenix, AZ 85013
- Email to:** HAstartupkits@heroinanonymous.org

Once complete information is entered into the database by GSO or by the Area Registrar your group will be subject to a 30 day pending period. After the pending period, the group will receive an HA meeting start-up kit by mail to the address provided. HAWS aims to follow up with the group 90 days after inception to provide support and ensure the meeting information remains current if listed in the HAWS directory.

FOR G.S.O. RECORDS DEPT. USE ONLY

DELEGATE AREA NUMBER: _____ DISTRICT NUMBER: _____ GROUP SERVICE NUMBER (ASSIGN BY G.S.O.): _____