

# NASSAU INTERGroup of Alcoholics ANONYMOUS

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DATE \_\_\_\_\_

IAN NUMBER \_\_\_\_\_

## \*\*\* 12<sup>TH</sup> STEP CONTACT list \*\*\*

Group Name \_\_\_\_\_

Group Contact \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

*It is recommended that you have 90 days sober before including your name on this list.*

**CONFIDENTIAL** *Please fill this form out completely and PLEASE print legibly!* **CONFIDENTIAL**

NAME	TOWN	Telephone and Email	Gender	Willing to talk w/ those leaving treatment	Willing to talk w/ those leaving jail/prison	Weekdays			Weekends			
						12 Mid 8 AM	8 AM 6 PM	6 PM 12mid	12 Mid 8 AM	8 AM 6 PM	6 PM 12mid	
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**NASSAU INTERGroup NEEDS YOUR help TO CARRY THE MESSAGE OF AA.**

*I AM RESPONSIBLE...When anyone, anywhere, reaches out for help,*

*I want the hand of AA always to be there, And for that:*

*I am responsible.*

<-- Scan to sign up digitally!

**PLEASE RETURN THIS FORM BY MAIL OR EMAIL USING INFO AT TOP OF FORM.**



Scan to sign up digitally!

NAME	TOWN	Telephone and Email	Gender	Willing to talk w/ those leaving treatment	Willing to talk w/ those leaving jail/prison	Weekdays			Weekends		
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						8 AM	6 PM	12mid	8 AM	6 PM	12mid
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