



**GENERAL SERVICE BOARD OF ALCOHOLICS
ANONYMOUS (GREAT BRITAIN) LIMITED**

NOMINATION FORM FOR MEMBERSHIP OF THE

SUB COMMITTEE OF THE GENERAL SERVICE BOARD

Please note: The Chair, Vice Chair or Secretary of the sponsoring Region or Intergroup must endorse the application by way of a covering letter.

(Please complete using BLACK ink) Date of Completion

Region

Name

Address

Email Address

Date of Birth

Telephone Number

Date of Last Drink

Date Joined AA

**Home Group &
Length of Time Home Group**

SERVICE EXPERIENCE

Please indicate your involvement with any of the areas of service listed below by ticking the appropriate boxes.

	Yes	No
GSR	<input type="checkbox"/>	<input type="checkbox"/>
Regional Representative	<input type="checkbox"/>	<input type="checkbox"/>

	Group	Intergroup	Region
Chairman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vice Chairman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treasurer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secretary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prisons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Probation/Social Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Literature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Share	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roundabout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Archives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Young People	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Armed Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EXPERIENCE IN AREAS RELEVANT TO POSITION

Please use continuation sheet if you wish

Intergroup Experience	Dates

Regional Experience	Dates

Conference Experience	Dates

By completing these details I am aware that this information will be passed to the Board Administrator at the General Service Office, York. Once received it will be stored at the office and circulated to the trustees of the board. If I am successfully appointed my name, address, telephone number and email will also be published in the Intergroup and Regional Confidential Directory, which is produced in both print and online versions. This directory is available to all service office staff as well as all members listed within it.

SIGNATURE:

DATE:

If at any point you have any queries or would like your details removed from the database and/or directory please contact the Board Administrator at:

General Service Office, PO Box 1, 10 Toft Green, York, YO1 6JT

01904 644026

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