



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

**NOMINATION FORM FOR MEMBERSHIP OF THE**

**SUB COMMITTEE OF THE GENERAL SERVICE BOARD**

**All applicants must have the recommendation of, and be sponsored by, their relevant Region or Intergroup. This should be attached in an accompanying 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"/>			
			<b>Group</b>	<b>Intergroup</b>	<b>Region</b>
Chairman	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vice Chairman	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treasurer	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secretary	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prisons	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Probation/Social Services	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Information	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephones	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Literature	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Share	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roundabout	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Archives	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic Communication	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**AA SERVICE EXPERIENCE**

**Please give as much detail as possible and use a continuation sheet if necessary.**

<b>Intergroup Experience</b>	<b>Dates</b>

<b>Regional Experience</b>	<b>Dates</b>

<b>Conference Experience</b>	<b>Dates</b>

**Previous Experience on a Sub Committee of the General Service Board**

**Name of Sub Committee**

**Dates**

**Business/Professional or other experience:**