

Sign in for Group Representative Orientation
Please fill out and give to Delegate today.

YOUR NAME _____

YOUR ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____

EMAIL _____

YOUR SERVICE POSITION

_____ Group Representative

_____ District Representative

_____ Intergroup Liaison

_____ Other (_____)

YOUR GROUP'S NAME _____

YOUR GROUP'S I.D. NUMBER _____

YOUR DISTRICT NUMBER _____

AREA NUMBER 44

LOCATION AND CITY WHERE YOUR GROUP MEETS

WELCOME

WE'RE GLAD YOU'RE HERE!!

INFORMATION I NEED TO KNOW

My group is in:

Ohio, Area 44

The official (registered with WSO) name of my group is:

Our Group's WSO ID # is: _____

My Alternate GR is: _____

Our District # is: _____

The District Representative for our District is:

Their phone Number is: _____

Their email address is: _____