



INTER-GROUP  
ASSOCIATION OF A.A.  
OF NEW YORK, INC.

# NEW GROUP REQUEST FORM

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

## Section 1: Prior to Submitting this Form

Has your group received the New Group Information Packet and reviewed the New Group Requirements?

Yes (If yes, continue)

No If No, please email [groupsandmeetings@nyintergroup.org](mailto:groupsandmeetings@nyintergroup.org) or call us at (212) 647-1680 and request a New Group Packet

Has your group been meeting for at least 90 days?  Yes  No (If yes, continue)

Date of first meeting: \_\_\_\_\_

## Section 2: Form Submitted by

Name (First and Last): \_\_\_\_\_

Position (Member, Chairperson, Treasurer, etc.): \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

## Section 3: Group and Meeting Location Information

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

Borough/Region (e.g., Manhattan, Westchester, Suffolk, etc.): \_\_\_\_\_

Building Name: \_\_\_\_\_ Wheelchair Accessible?  Yes  No

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Location Notes (e.g., Parish House, 2nd Fl, etc.): \_\_\_\_\_

Weekday: \_\_\_\_\_ Start Time: \_\_\_\_\_ AM /PM (Circle One) End Time: \_\_\_\_\_ AM /PM (Circle One)

## Section 4: Meeting Type and Special Interest

Closed or Open Meeting (check one):  Closed  Open

Meeting Type (if applicable):  Beginner  Big Book  Step  Tradition

Other Special Interest (if applicable):

- |  |                                     |  |   |
|--|-------------------------------------|--|---|
| <input type="checkbox"/> Atheist / Agnostic      | <input type="checkbox"/> French     | <input type="checkbox"/> Meditation        | <input type="checkbox"/> Topic Discussion |
| <input type="checkbox"/> Babysitting Available   | <input type="checkbox"/> Gay        | <input type="checkbox"/> Men               | <input type="checkbox"/> Transgender      |
| <input type="checkbox"/> Child-Friendly          | <input type="checkbox"/> Grapevine  | <input type="checkbox"/> Sign Language     | <input type="checkbox"/> Women            |
| <input type="checkbox"/> Candlelight             | <input type="checkbox"/> Lesbian    | <input type="checkbox"/> Smoking Permitted | <input type="checkbox"/> Young People     |
| <input type="checkbox"/> Concurrent with Al-Anon | <input type="checkbox"/> Literature | <input type="checkbox"/> Spanish           |   |
| <input type="checkbox"/> Concurrent with Alateen | <input type="checkbox"/> LGBTQ      | <input type="checkbox"/> Speaker           |   |

Meeting Notes (e.g., Anniversary last Sunday): \_\_\_\_\_



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**Section 5: Group Officer Information**

**1 - GROUP CHAIRPERSON**

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**4 - ALTERNATE INTER-GROUP DELEGATE**

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**2 - SECRETARY**

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**5 - TREASURER**

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**3 - INTER-GROUP DELEGATE**

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Return completed form to:**  
New York Inter-Group  
307 Seventh Avenue  
Suite 201  
New York, NY 10001  
Email: groupsandmeetings@nyintergroup.org  
Fax: 212-647-1648  
Phone: 212-647-1680

**Section 6: Twelfth Step Contacts (One year continuous sobriety required)**

1) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

3) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

4) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Signature of person completing form:**

\_\_\_\_\_ Date Submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\*\* SECTION FOR OFFICE USE ONLY \*\*\***

<i>Date Received:</i>	<i>Date Approved by Steering Committee:</i>	<i>Date Approved by NYIG Delegates:</i>
<i>Website Updated On:</i>	<i>Completed By:</i>	<i>NY Inter-Group Number:</i>