

# HOME GROUP TWELVE STEP CHAIRPERSON REGISTRATION

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Home \_\_\_\_\_

Work \_\_\_\_\_

Cell. \_\_\_\_\_

Pager \_\_\_\_\_

e-mail \_\_\_\_\_

It is extremely helpful to have a daytime phone;  
even if the twelve step call can not be made till later that day.

**Home Group** \_\_\_\_\_

**Primary Area Your Group Will Cover**

**Zip Codes** \_\_\_\_\_

**Other Areas In Which Your Group Can Serve**

**Zip Codes** \_\_\_\_\_

**Areas In Which Your Group Can Serve During Weekdays**

**Zip Codes** \_\_\_\_\_

## Notes:

**Please be sure to note with each zip code, whether you have a male, female, or both that will be covering the area.**

**If your home group has an alternate contact, please provide the same information as requested at the top of this form.**

**Mail completed form to:  
Twelve Step Committee  
3040 Madison Rd. Room 202  
Cincinnati OH 45209**

**For additional information, call  
The Central Office 351-0422**