

BRIDGING THE GAP SIGN-UP SHEET

"Each Group has but One primary Purpose to Carry the message to the Alcoholic who still suffers"

City/Town you LIVE in: _____
District you live in: _____
Full Name _____
Age__ Sobriety Date _____
Male Female
Home Phone _____
Work Phone _____
Group Name _____
AA Position _____
Can speak another language _____
Can Interpret for the deaf

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HELPFUL INFORMATION

Your Area code with your phone # would be helpful. The Zip Code of your City or Town would also help. AA position can be as simple as "Member"

Thank You for Reaching Out.

YOU MAY MAIL THIS TO :

Attn: Treatment Facilities Committee
Bridging The Gap Coordinator
Area 30 General Service Committee
P.O. Box 51411
Boston, MA 02205-1411
e-mail: treatment@aaemass.org