

OA Non-Real-Time Group Registration/Change Form



Revised 11/17

<input type="checkbox"/> New Group	<input type="checkbox"/> Change Information	<input type="checkbox"/> Cancel Group
Effective Date _____		
Submitted by* _____		
Phone* _____		Email _____
<i>*Required</i>		

Group Number _____

**Always enter your group number unless yours is a new group. Enter last five digits only.*

PLEASE PRINT CLEARLY

URL ADDRESS

CHANGE

URL Address:*
Procedure to Access Non-Real-Time Meeting:*

MEETING DETAILS

Optional

CHANGE

Language Spoken:
<input type="checkbox"/> Open <input type="checkbox"/> Closed

Special Focus (<i>choose ONLY ONE</i>):			
<input type="checkbox"/> 100 Pounders	<input type="checkbox"/> GLBT	<input type="checkbox"/> Men	<input type="checkbox"/> Young Persons
<input type="checkbox"/> Anorexia/Bulimia	<input type="checkbox"/> Health Issues	<input type="checkbox"/> Women	
<input type="checkbox"/> Black	<input type="checkbox"/> Lesbian	<input type="checkbox"/> Women's Anorexia/Bulimia	

Special Topic (<i>choose NO MORE THAN 2</i>):		
<input type="checkbox"/> 11 th Step	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Speaker/Discussion
<input type="checkbox"/> 90 Day	<input type="checkbox"/> Meditation	<input type="checkbox"/> Spirituality
<input type="checkbox"/> AA 12/12	<input type="checkbox"/> New Beginnings	<input type="checkbox"/> Teen Friendly
<input type="checkbox"/> Ask-It Basket	<input type="checkbox"/> Newcomer	<input type="checkbox"/> The Promises
<input type="checkbox"/> Big Book	<input type="checkbox"/> OA H.O.W.	<input type="checkbox"/> Tools
<input type="checkbox"/> Dignity of Choice	<input type="checkbox"/> OA 2 nd /3 rd Editions	<input type="checkbox"/> Topic
<input type="checkbox"/> For Today	<input type="checkbox"/> OA Steps and/or Traditions	<input type="checkbox"/> Varies
<input type="checkbox"/> Lifeline	<input type="checkbox"/> Relapse/12 th Step Within	<input type="checkbox"/> Voices of Recovery
<input type="checkbox"/> Lifeline Sampler	<input type="checkbox"/> Seeking the Spiritual Path	<input type="checkbox"/> Work Book Study
<input type="checkbox"/> Literature Study	<input type="checkbox"/> Speaker	<input type="checkbox"/> Writing

MEETING CONTACT

CHANGE

First Name Only:*
Telephone No.: *
Email Address (for WSO use only):

**SECRETARY/PERMANENT
MAILING ADDRESS**

CHANGE

Full names and addresses are published within the Fellowship only and will not be placed on the OA website. The WSO needs this information so that vital OA correspondence can be mailed to listed meetings.

Full Name:*	
PO Box or Street Address:*	
City:*	State/Province:*
Country:*	Postal Code:*
Phone No.:	Email:

**INTERGROUP/SERVICE
BOARD AFFILIATION (IF
APPLICABLE)**

Intergroup/Service Board Name:

GROUP POLICY

OA, Inc. Bylaws, Subpart B, Article V – Overeaters Anonymous Groups

Section 1 – Definition

These points shall define an Overeaters Anonymous group:

- a) As a group, they meet to practice the Twelve Steps and Twelve Traditions of Overeaters Anonymous, guided by the Twelve Concepts of OA Service.
- b) All who have the desire to stop eating compulsively are welcome in the group.
- c) No member is required to practice any actions in order to remain a member or to have a voice (share at a meeting).
- d) As a group, they have no affiliation other than Overeaters Anonymous.
- e) It has affiliated as an Overeaters Anonymous group by registering with the World Service Office.

Section 2 – Composition

- a) A group may be formed, as set forth in Article V, Section 1, by two or more persons meeting together, either 1) in the same physical location (face-to-face); 2) through some form of electronic device (virtually); or 3) both.

RETURN THIS FORM TO

Overeaters Anonymous World Service Office

Attn: Member Services

PO Box 44020

Rio Rancho, New Mexico 87174-4020 USA

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Email: info@oa.org • Website: www.oa.org