

# OA Telephone Group Registration/Change Form



## Skip the Wait!

Submit your new group registration or changes on the OA website in minutes at <https://oa.org/groupsservice-bodies/meeting-changes/>.

Revised 9/18

<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**

### TELEPHONE NUMBER

Full Telephone Number:*
Procedure to Access Telephone Meeting (including PIN #, mute information, etc.):*

### MEETING DAY AND TIME

Meeting Day:*		
Meeting Time:*	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Your Time Zone:*		

### MEETING DETAILS

*Optional*

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

#### Special Focus (*choose ONLY ONE*):

- |  |  |                                  |   |
|--|--|----------------------------------|---|
| <input type="checkbox"/> 100 Pounds        | <input type="checkbox"/> Black         | <input type="checkbox"/> Lesbian | <input type="checkbox"/> Women's          |
| <input type="checkbox"/> Anorexia/Bulimia  | <input type="checkbox"/> GLBT          | <input type="checkbox"/> Men     | <input type="checkbox"/> Anorexia/Bulimia |
| <input type="checkbox"/> Bariatric Surgery | <input type="checkbox"/> Health Issues | <input type="checkbox"/> Women   | <input type="checkbox"/> Young Persons    |

#### Special Topic (*choose NO MORE THAN 2*):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> 11 <sup>th</sup> 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 <sup>nd</sup> /3 <sup>rd</sup> 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 <sup>th</sup> 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**

*Important Note: If you are the contact for your meeting, ONLY your first name and phone number will be listed on the website. Please select another contact person if you do not want to be listed online. Every meeting MUST have a contact person in order for registration to be complete.*

First Name Only:*
Telephone No.: *
Email Address:

**SECRETARY/PERMANENT MAILING ADDRESS**

*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:

- 1) As a group, they meet to practice the Twelve Steps and Twelve Traditions of Overeaters Anonymous, guided by the Twelve Concepts of OA Service.
- 2) All who have the desire to stop eating compulsively are welcome in the group.
- 3) No member is required to practice any actions in order to remain a member or to have a voice (share at a meeting).
- 4) As a group, they have no affiliation other than Overeaters Anonymous.
- 5) 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 (land-based); 2) through some form of electronic device (virtual); or 3) both.

**RETURN THIS FORM TO**

Overeaters Anonymous World Service Office  
 Attn: Member Services  
 PO Box 44727  
 Rio Rancho, New Mexico 87174-4727 USA  
 Tel: (505) 891-2664 • Fax: (505) 891-4320  
 Email: [info@oa.org](mailto:info@oa.org) • Website: [www.oa.org](http://www.oa.org)