

Bay Area Group Membership Registration Form

Date: _____ Group ID#: _____

Meeting Day: _____ Meeting Time: _____

Meeting Location (name of facility): _____

Meeting address: _____

City: _____ County: _____

Primary contact information (name, email, phone# & position):

Position: GSR ALT-GSR Secretary Treasurer Other: _____

Secondary contact information (name, email, phone# & position):

Position: GSR ALT-GSR Secretary Treasurer Other: _____

The Bay Area supports the groups by providing opportunities for them to communicate with each other, acting on behalf of their common interest and encouraging growth of the fellowship. Groups located within the boundaries of the Bay Area (Hernando, Hillsborough, Pasco and Pinellas Counties) may choose to become part of the Bay Area by registering with the Bay Area using this form (www.naranonfl.org/bayarea).

Date received by the Bay Area: _____ Officer Initials _____