



**St. Louis Bi-State
Area Intergroup**

OVEREATERS ANONYMOUS

**9907 Gravois – Suite E
St. Louis, MO 63123
(314) 638-6070**

CONGRATULATIONS! We are so excited to welcome your group as our newest member of the St. Louis Bi-State Intergroup. Please complete the following information and return it to our office. If you have any questions about filling out this form please give the office a call and we will be happy to help.

WELCOME!

NEW GROUP INFORMATION FORM

Group Name _____
Example: "Steps To Recovery" "Thurs Big Book Study" "Unity Church-Thurs" etc.

Intergroup Representative's Name _____

IG Representative's Address _____

City: _____

State: _____ Zip: _____

IG Representative's Phone Number: _____

IG Representative's E-Mail Address: _____

May we Email your monthly Intergroup mailing to you? _____

MEETING INFORMATION:

Meeting Day: (circle one) MON. TUES. WED. THURS. FRI. SAT. SUN.

Meeting Time: _____
Example 7:30 PM

Area of your meeting: (circle one) NORTH, SOUTH, WEST, NORTHWEST,
CENTRAL, CENTRAL WEST, CITY, SOUTH CITY, DOWNTOWN,

Office Fax: (24 hr.) (314) 968-6071 Email: bistateoa1@prodigy.net
Bi-State Web Page: <http://www.stlouisoa.org>

ST. CHARLES , OUTLYING MO., METRO-EAST, OUTLYING IL.

Group Type: (circle all that apply) Step Study, Big Book Study, OA & AA Book Study, Discussion, Newcomers, Newcomers Session during Regular Meeting, Men's Meeting, Women's Meeting, Recovery From Relapse, Babysitting, Open Meeting (observers may attend), Young Peoples Meeting, Wheelchair Accessible, Wheelchair Restrooms

Name & Address of Meeting Location: _____

Example: St. Mark's Church

Example: 321 Recovery Drive

Example: City, State Zip

Number of Newsletters You Want For Your Group Monthly: _____

(Each group receives one newsletter free and each additional newsletter will cost .35 each. You can pick them up at the monthly Intergroup meeting or at the OA office. You can also choose to have them mailed. If you have them mailed each month you will be charged for the cost of the postage. You will receive a bill with your newsletters.

Do you want your newsletters mailed: (circle one) YES NO

("No" means you will pick them up in person at the Intergroup Meeting or at the office)

Work Telephone Number of IG Rep: _____

(This is an emergency number only. We will never bother you at work unless it is an absolute emergency. We need this number to complete our database.)

Date Of Your First Meeting: _____

Example: Thursday, 3/27/03

Name & Telephone Number of a contact person for the Where & When:

Name: _____

Telephone Number: _____

This person can be, but does not have to be the same person as the Intergroup Representative. This information will go on the Where & When (list of all the meetings) in case someone wants directions or information regarding your meeting.

OFFICE USE ONLY:

SL Number _____

WSO Number _____

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