

I WOULD LIKE SERVE A.A. AS AN OUTSIDE TEMPORARY CONTACT VOLUNTEER.

(Please Print) Fill-out form completely. Thank you.

FULL NAME: _____

ADDRESS: _____

CITY

STATE

ZIP CODE

PHONE: (_____) _____

EMAIL: _____

HOME GROUP: _____

SIGNATURE: _____ DATE: _____

MAIL THIS COMPLETED FORM TO:

SOUTHEASTERN PA INTERGROUP ASSOCIATION

444 NORTH 3rd STREET

SUITE 3E-B, BOX A-2

PHILADELPHIA, PA. 19123-4179

Office: 215-923-7900; Fax: 215-923-7133

OR EMAIL TO: TREATMENTFACILITIESDIRECTOR@ASEPIA.ORG

Website: www.aasepia.org or info@aasepia.org