I want to do AA 12th Step Work by

joining the BRIDGING THE GAP TEAM

Full Name: _____

Address: _____

City: _____ Zip: _____

Cell #: _____ Home #: _____

E-mail address: _____

Year born: _____ Today's Date: _____ Sobriety Date: _____

Languages you speak fluently: _____

Gender Identity _____Home group zip code _____

Are you willing to accompany a newcomer to their first AA meeting: Y / N

Are you willing to do other committee work: Y / N

Email to: treatmentchair@msca09aa.org , or mail to
Bridging the Gap, MSCA Area 09, PO Box 51446, Irvine CA 92619-1446 *11/16/22 gold*