



Board Application

YOUR INFORMATION

First Name

Last Name

E-mail Address

Phone

Fax Number

Date Joined OA

Start Date of
Continuous Abstinence

Do you have a sponsor? Yes No

Do you sponsor? Yes No

Do you have a home meeting? Yes No

Name of Home Meeting

POSITION YOU ARE
APPLYING FOR

Chair

Treasurer

Telephone

Delegate

Alternate Delegate

Webmaster

Archivist

Co-Chair

Secretary

Literature

12th Step Within

Media Librarian

Retreat and Marathon

Public Information

WHY YOU WANT TO SERVE
IN THIS POSITION

SUMMARY OF SERVICE

BUSINESS, PROFESSIONAL
OR OTHER EXPERIENCE
AND SKILLS YOU BRING
TO THE BOARD

A BRIEF ACCOUNT OF
YOUR OA STORY

DATE SUBMITTED