**Area 35 Northern Minnesota Assembly of Alcoholics Anonymous**

**Panel Delegate Resume**

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| --- | --- |
| Full Name: |  |
| Address: |  |
| City, State, Zip Code: |  |
| Telephone: |  |
| Email: |  |
| Home Group: |  |
| Sobriety time: |  |

A.A. service experience:

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