



GvR Registration Form

Please send the person's name and address to the Grapevine office so that he or she can start receiving Material.

Name of GvR: _____

Address _____

City _____ State/Province _____

Zip Code _____ Country _____

Telephone () _____ E-Mail _____

Group Name _____

Area _____ District _____

Group Service Number: _____
(available from your group's General Service Rep)

Group Location _____

Name of Past GvR: _____

Please mail to: GvR Coordinator, P.O. Box 1980, Grand Central Station, New York, NY 10163-1980 or fax to 212-870-3301. You can also register on-line at www.aagrapevine.org.

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