

INSTRUCTIONS

New Group: For any group that has never been registered with WSO, complete sections A through G.

Change: To change current group information, complete sections A, B and any other applicable sections.

Cancellation: To remove group from MHIG registration, complete sections A, B, C, D (city and state only) and H.

- ❖ Please print clearly with dark ink. Keep one copy for your records; make an additional copy for the WSO.
- ❖ *Please provide the full address of your meeting location, including county and zip code.*
- ❖ **IMPORTANT NOTE:** If you are the contact for your meeting, be aware that only your first name and phone number will be listed on the MHIG Web site. Please select another contact person if you do not want to be listed online. Every group must have a contact person.
- ❖ Please include the secretary's full name and address. Full names and addresses are published with the Fellowship ONLY and will not appear online.
- ❖ Use this form for all future changes to your group's information. You may provide this information by filling out our online form at <http://www.midhudsonoa.org/group-info.html>
- ❖ Please allow 3 - 4 weeks for processing.

By submitting this form to the MHIG, your group is agreeing to comply with Tradition Three and OA Bylaws, Subpart B, Article V as stated below.

Tradition Three:

The only requirement for OA membership is a desire to stop eating compulsively.

OA Bylaws, Subpart B, Article V – OVEREATERS ANONYMOUS GROUPS

Section 1 – Definition

- a) 1. As a group, they meet to practice the Twelve Steps and Twelve Traditions of OA.
2. All who have a desire to stop eating compulsively are welcome in the group.
3. No member is required to practice any actions in order to remain a member or to have a voice (share at a meeting).
4. As a group, they have no affiliation other than OA.

Section 2 – Composition

- a) A group may be formed by two (2) or more persons meeting together as set forth in Article V. Section 1.
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Mid-Hudson Intergroup
Overeaters Anonymous, Region 6
c/o Corresponding Secretary
58 Harriman Woods Drive
Harriman, NY 10926

Group Registration/Change Form

F SECRETARY/PERMANENT MAILING ADDRESS*

Full Name Area Code Telephone Number

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Street Address or Post Office Box

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City State Zip Code

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G INTERGROUP REPRESENTATIVE*

Full Name Area Code Telephone Number

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Street Address or Post Office Box

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City State Zip Code

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ALTERNATE INTERGROUP REPRESENTATIVE*

Full Name Area Code Telephone Number

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Street Address or Post Office Box

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City State Zip Code

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***NOTE: Full Names and addresses are published within the Fellowship ONLY, and will not appear online.**

H CANCEL GROUP

Please state the reason for cancellation:

PLEASE MAIL COMPLETED FORM TO:
Mid-Hudson Intergroup
C/O Corresponding Secretary
58 Harriman Woods Drive
Harriman, NY 10926