

## R4 Representative Registration Form

Intergroup Name \_\_\_\_\_  
Intergroup Number \_\_\_\_\_ State or Province \_\_\_\_\_  
Total Number \_\_\_\_\_ Total Number of  
Of Groups \_\_\_\_\_ Representatives Allowed \_\_\_\_\_

"I certify that the Representatives below were duly elected to our Intergroup to serve at the R4 Assembly"

\_\_\_\_\_  
Signature of Intergroup Chair \_\_\_\_\_ Date \_\_\_\_\_

Return this form promptly to: **R4**  
PO Box 1609  
St. Peters, MO 63376

Region requires that Representatives have at least 6 months of current abstinence. Our bylaws require that this form be on file 60 days before the Region Assembly in order for your Region Representative to have a vote at the Assembly, and to receive pertinent R4 information by mail prior to the assembly. Intergroups are entitled to one Representative for every ten (10) groups and next fraction. It is suggested that you register the maximum number of Representatives allowed.

Intergroups requiring funding assistance to attend the assembly may contact the Delegate Funding Coordinator or R4 Treasurer. Funding application forms are available on the R4 website, [www.oaregion4.org](http://www.oaregion4.org), and are also in the R4 manuals given to Region Representatives at Assembly. If you are a new Representative, please obtain the R4 Manual from your predecessor. All Representatives are asked to choose one committee on which to serve from the following:

1. Convention
2. Outreach
3. Ways & Means/Finance

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Region Rep or Alternate? \_\_\_\_\_ Term Expires (MM/YY) \_\_\_\_\_

First Assembly?  Yes  No

Committee Choice:  Convention

Outreach

Willing to Mentor New Rep?  Yes  No

Ways & Means/Finance

-----

-----  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Mail \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Region Rep or Alternate? \_\_\_\_\_ Term Expires (MM/YY) \_\_\_\_\_  
First Assembly?  Yes  No Committee Choice:  Convention  
 Outreach  
Willing to Mentor New Rep?  Yes  No  Ways & Means/Finance

-----  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Mail \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Region Rep or Alternate? \_\_\_\_\_ Term Expires (MM/YY) \_\_\_\_\_  
First Assembly?  Yes  No Committee Choice:  Convention  
 Outreach  
Willing to Mentor New Rep?  Yes  No  Ways & Means/Finance

-----  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Mail \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Region Rep or Alternate? \_\_\_\_\_ Term Expires (MM/YY) \_\_\_\_\_  
First Assembly?  Yes  No Committee Choice:  Convention  
 Outreach  
Willing to Mentor New Rep?  Yes  No  Ways & Means/Finance

-----  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Mail \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Region Rep or Alternate? \_\_\_\_\_ Term Expires (MM/YY) \_\_\_\_\_  
First Assembly?  Yes  No Committee Choice:  Convention  
 Outreach  
Willing to Mentor New Rep?  Yes  No  Ways & Means/Finance