

Region 4 Manual Forms

Section 6.7 Region Registration Form

Region 4 Registration Form

Intergroup Name _____

Intergroup Number _____ State or Province _____

Total Number of Groups _____ Total Number of Region Reps Allowed _____

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

Signature of Intergroup Chairman _____ Date _____

Return this form promptly to: R4 Assembly Planning Coordinator
2355 Fairview Ave N
PMB 338
Roseville MN 55113

Region requires that Reps 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 Rep to have a vote at the Assembly, and to receive pertinent R4 information by mail prior to the assembly. Intergroups are entitled to one Region Rep for every ten (10) groups and next fraction. It is suggested that you register the maximum number of Region Reps 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, and are also in the R4 manuals given to Region Reps at Assembly. If you are a new Region Rep, please obtain the R4 Manual from your predecessor. All Region Reps are asked to choose one committee on which to serve from the following:

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

Name _____ Phone _____

Address _____ email _____

City _____ State _____ Zip _____

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

First Assembly? ▪ Yes ▪ No

Committee Choice: ▪ Convention ▪ Outreach ▪ Ways & Means/Finance

Willing to Mentor New Rep? ▪ Yes ▪ No

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

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

Name _____ Phone _____
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City _____ State _____ Zip _____
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First Assembly? ▪ Yes ▪ No
Committee Choice: ▪ Convention ▪ Outreach ▪ Ways & Means/Finance
Willing to Mentor New Rep? ▪ Yes ▪ No

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