



SOUTHEASTERN PENNSYLVANIA INTERGROUP ASSOCIATION OF ALCOHOLICS ANONYMOUS
1903 S. Broad St. 2nd Fl. Philadelphia, PA. 19148-2216
(215) 923-7900; Fax: (215) 923-7133
www.aasepia.org Email: info@sepennaa.org

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Date _____

Date of Sobriety _ _ _ _ _

Print Name _ _ _ _ _

Signature _ _ _ _ _

Home group _ _ _ _ _

Zone/County _ _ _ _ _

District _ _ _ _ _