

Operating Committee Candidate RESUME SHEET

NAME: _____ RESIDENCE PHONE: _____
ADDRESS: _____ BUSINESS PHONE: _____
CITY/ZIP; _____ FAX: None
e-mail address: _____

DATE OF SOBRIETY: _____

HOME GROUP: _____

A.A. BACKGROUND

CURRENT A.A. ACTIVITIES

CURRENT AND PAST ACTIVITIES OUTSIDE A.A.

OCCUPATIONAL BACKGROUND

SIGNATURE OF APPLICANT: _____

DATE: _____