

Longtimers Request

Please fill out the following information if you are interested in being placed on the Central Office Longtimers list.

Full Name _____
Phone _____ Email _____
Full
Address _____
City _____ State _____ Zip _____
Date of Sobriety: _____ Home Group: _____

Only your first name, last initial, phone #, date of sobriety and home group
will be listed on the published list.

ALL INFORMATION IS KEPT STRICTLY CONFIDENTIAL

Your full address is needed for mailings.

If you have any questions, please call Abby at the Central Office.

(303) 322-4440