



REGION 8

12TH STEP WITHIN COMMITTEE
SPEAKERS' LIST APPLICATION
speakers@oaregion8.org

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Length of time in program: _____ Length of current abstinence: _____

Special Topic you would like to speak on? _____

Preferred group size? _____

How far are you willing to travel? _____

PLEASE READ AND SIGN: I certify that I have at least one year of current abstinence, I have a sponsor, I sponsor at least one other member of Overeaters Anonymous, and regularly attend OA meetings. I will notify Region 8 12th Step With-in Committee of any changes of the information above.

Signature: _____

Date: _____

Thank you for offering to serve in this important capacity! Your service may save someone's life today.

Please forward any changes to speakers@oaregion8.org.