



# OA REGION 5

## SPEAKER/SPONSOR LIST

### APPLICATION/UPDATE FORM

|                 |                      |
|-----------------|----------------------|
| NAME:           | MOBILE PHONE NUMBER: |
| CITY:           | HOME PHONE NUMBER:   |
| STATE/PROVINCE: | EMAIL ADDRESS:       |

**Choose one of the following actions:**

- Please REMOVE my name from the list. Thank you. (Submit form.)
- Please update my information. (Fill in information to be updated.)
- Please add me to the list. (Fill in information.)

|   |  |
|---|--|
| DATE STARTED IN OA:   | ABSTINENCE DATE:   |
| I AM WILLING TO TRAVEL:<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> It depends | PREFERRED OVERNIGHT ACCOMODATIONS:<br><input type="checkbox"/> Hotel <input type="checkbox"/> OA Home <input type="checkbox"/> Either <input type="checkbox"/> N/A |
| I AM WILLING TO BE LISTED AS A SPONSOR:<br><input type="checkbox"/> Yes <input type="checkbox"/> No                     | SPECIAL TOPICS:  |

By submitting this form, I certify that I have a least one year of current abstinence, that I have a sponsor, that I sponsor at least one other member of Overeaters Anonymous, that I regularly attend OA meetings, and that I actively work the twelve steps. I will notify Region 5 of any changes to the above information and my ability to serve as a speaker. I will expect to be contacted to verify the action I have requested.

- I have read the above statement and agree with it.

**Thank you for offering to serve in this important capacity!**

**Your service may save someone's life.**