

## St. Louis Intergroup Service Position Nomination Form

Position Applied for:

Nominee Name: \_\_\_\_\_

Address (will not be published): \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Home Group: \_\_\_\_\_ Meeting Day and Time: \_\_\_\_\_

Length of time in OA: \_\_\_\_\_

Brief Account of OA Story

History of OA Service:

Business, professional, volunteer or other experience or skills you can bring to this committee?

Why do you want to do this Service?

Please scan (preferred) and send this completed form to Intergroup Chair via email at [info@stlouisoa.org](mailto:info@stlouisoa.org). Thank you for your willingness to serve!

