

Alcoholics Anonymous
Maryland General Service, Inc.
Area 29
Bridging the Gap Request
Treatment

Facility Name_____

Facility Contact_____

Phone_____ email _____

Person requesting temporary contact:_____

Address_____

Zip code (required)_____

Phone number (required)_____

Email:_____

Discharge Date:_____

Do you have a desire to stop drinking? Yes_____ No_____

Our Third Tradition in Alcoholics Anonymous: "The only requirement for A.A. membership is a desire to stop drinking."

Any other information?

Download, fill, and email this form to treatment@marylandaa.org. The request will be forwarded to the appropriate geographic area and a temporary contact will be assigned as soon as possible.