



TWELFTH STEP WITHIN SPEAKERS' LIST APPLICATION

Name	Telephone
Address	Email

Date Started in OA	Abstinence Date
Language(s) Spoken	Preferred Group Size, if any
How far are you willing to travel?	Are you available to Skype?

Special Focus (please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Aging in Program | <input type="checkbox"/> Loss of 100 lbs. (45.45 kilos) |
| <input type="checkbox"/> Anorexia | <input type="checkbox"/> Loss of 200 lbs. (90.9 kilos) |
| <input type="checkbox"/> Big Book | <input type="checkbox"/> Non-Traditional Understanding of HP |
| <input type="checkbox"/> Body Image | <input type="checkbox"/> People of Color |
| <input type="checkbox"/> Bulimia | <input type="checkbox"/> Recovery from Relapse |
| <input type="checkbox"/> GLBT | <input type="checkbox"/> Sponsorship |
| <input type="checkbox"/> HOW Concept | <input type="checkbox"/> Young Person's Issues |

Please read and sign: *I certify that I have at least one year of current abstinence, that I have a sponsor, that I sponsor at least one other member of Overeaters Anonymous, and that I regularly attend OA meetings. I will notify the World Service Office of any changes to the above information and my ability serve as a speaker.*

Signature	Date
------------------	-------------

To be signed by your sponsor or a service body officer: *I certify that the information above is true and correct to the best of my knowledge.*

Signature	Date
Telephone	Email

Thank you for offering to serve in this important capacity! Your service may save someone's life today. Please forward any changes to the World Service Office at szimmerman@oa.org. (Revised 6/25/15)