## **Committee Chair Nomination Form**

Southern Arizona Intergroup of Overeaters Anonymous

Name:	Position:	
Date:	Phone:	
Email:		
Would you Consider Serving on- or Chairing a Committee if you are not Elected?		No

## **REQUIREMENTS per Current SoAZ Bylaws**

- Be working the Twelve Steps of OA.
- Have a knowledge of the Twelve Traditions of OA.
- Have a knowledge of the Twelve Concepts of OA Service.
- Currently be abstinent.
- Be or have been an IR for a minimum of six months.

Years in Program, Length of Current Abstinence

Service Experience

Brief Statement Regarding Qualifications or Other Pertinent Information