



Greater New Orleans Service Board, Inc.  
*Alcoholics Anonymous for the Greater New Orleans & Surrounding Cities*

## Service Board Representative Voting Permission Form

Date \_\_\_\_\_

Group ID # \_\_\_\_\_

Group Name \_\_\_\_\_

Group Address (street, city, zip) \_\_\_\_\_

\_\_\_\_\_

This letter is to inform you that \_\_\_\_\_,  
*Name of Service Board Rep*

of the above registered group, has permission to vote in Service Board Elections and any other Service Board voting.

\_\_\_\_\_

*Signature of Group Chair or Secretary*

\_\_\_\_\_

*Date*