

Certificate of Eligibility – SOAR 8 Business Assembly

SOAR 8 P&P, section 6.1: Certificate of Eligibility shall be submitted to Region Secretary annually in January and throughout the year as changes occur. Rep is eligible to vote in Assembly only if duly registered with Region Secretary.

Bylaws, Article III, section 2.b: Each member Intergroup and/or National/Language Service Board shall be entitled to one (1) vote in the Region-8 Business Assembly for each ten (10) groups or parts thereof.

Section 3.b: Region-8 Representatives should be selected for sound judgment, experience, stability, willingness to serve and faithful adherence to the program of the Twelve Steps of Overeaters Anonymous and the Twelve Traditions. A Region-8 Representative should have a minimum of six (6) consecutive month's current abstinence.

Please update your information with the Region 8 Secretary as changes occur

Intergroup Information			
			State: _____
Intergroup Number: _____		Intergroup Name : _____	
Intergroup Office Address			Hot Line: () _____
Street / PO Box	City	State	Zip
Intergroup Email Address: _____			
Intergroup Website Address (URL): _____			
Chair Name: _____		Home Phone #: () _____	
Chair Address: _____		Mobile Phone #: () _____	
Street / PO Box	City	State	Zip
Chair Email Address: _____		Term Dates: _____ To _____	

Region 8 Representatives

Rep Alt Name: _____ Home Phone #: () _____

Email Address: _____ Mobile Phone #: () _____

Mailing Address

Street / PO Box City State Zip

Rep Alt Name: _____ Home Phone #: () _____

Email Address: _____ Mobile Phone #: () _____

Mailing Address

Street / PO Box City State Zip

**Certificate of Eligibility – SOAR 8 Business Assembly
Region 8 Representatives Continued**

Rep Alt Name: _____ Home Phone #: () _____

Email Address: _____ Mobile Phone #: () _____

Mailing Address

_____ Street / PO Box City State Zip

Rep Alt Name: _____ Home Phone #: () _____

Email Address: _____ Mobile Phone #: () _____

Mailing Address

_____ Street / PO Box City State Zip

Rep Alt Name: _____ Home Phone #: () _____

Email Address: _____ Mobile Phone #: () _____

Mailing Address

_____ Street / PO Box City State Zip

Rep Alt Name: _____ Home Phone #: () _____

Email Address: _____ Mobile Phone #: () _____

Mailing Address

_____ Street / PO Box City State Zip

Please delete the following names from SOAR 8's list of registered Reps:

I certify that the representatives and alternates listed on this certificate were elected by our Intergroup to serve from _____ to _____ and are eligible to vote as defined in the SOAR 8 ByLaws and Policy & Procedure manual.

Signature of Intergroup Chair: _____ **Date:** _____

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