



## OA CNMI SPEAKER'S APPLICATION

NAME \_\_\_\_\_

Phones \_\_\_\_\_

Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Date started in OA \_\_\_\_\_ Date of current abstinence \_\_\_\_\_

***Most speakers tell their own story focusing on Life before and after Program.***

Sometimes speakers are needed on a specific topic. Please circle below any you might speak on.

Sponsorship	Relapse	Food Plans	Principles	Tools
Writing	Slogans	Action Plan	Traditions	Step__

List Others \_\_\_\_\_

***Please circle the locations where you are willing to speak***

Albuquerque	Rio Rancho	Tijeras	Los Lunas	Silver City
Durango, CO	Alamogordo	Carlsbad	Las Cruces	Gallup

***Please circle the times of day you are willing to speak.***

All	Mornings	Afternoons	Evenings	Weekends
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***PLEASE READ AND SIGN: I certify that I have at least six months of current abstinence and I am working with a sponsor.***

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for offering your valuable service to OA!! You may save a life with your story!  
Please forward any changes of above info to CNMI Outreach Coordinator [coopwall@gmail.com](mailto:coopwall@gmail.com)