This is a pledge between two OA members to support and to be accountable to one another. If you think this agreement could be helpful for you, fill out your name and other information as the "I" on one side of the form and have another OA member complete the other half. Cut the forms apart and exchange sides. Place the agreement in a prominent spot to remind you of your commitment to recovery and to service.

RECOVERY INSURANCE POLICY	88 88	RECOVERY INSURANCE POLICY
on this day do here		I,on this day do here-
give (a recover-		by give (a recover- ing OA member) permission to take me to a meeting if she/he
g OA member) permission to take me to a meeting if she/he		does not receive a phone call from me within <u>days</u> of our
es not receive a phone call from me within days of our		last conversation; or if she/he does not see me at an OA meet-
t conversation; or if she/he does not see me at an OA meet-		ing within the last weeks. She/he has the right to use all
g within the last weeks. She/he has the right to use all	1 de 1 de 1	means of communication to contact me, including contacting
eans of communication to contact me, including contacting		(a friend/relative)
a friend/relative) (a friend/relative) (a friend/relative) (a sistence. This agreement may only be terminated after we		for assistance. This agreement may only be terminated after we
ve had contact and mutually agree to end this agreement.	88 86	have had contact and mutually agree to end this agreement.
	1 98 98	
ned: Date:		Signed: Date:
v address:	88 85	My address:
	88 88	
ly phone numbers:	**	My phone numbers:
r 1	R R	
email:		
and/rolativa's phone no :		Friend/relative's phone no.:
end/relative's phone no.:		
Always to extend the hand and heart		Always to extend the hand and heart
of OA to all who share my compulsion;		of OA to all who share my compulsion;
for this I am responsible.		for this I am responsible.