

Alcoholics Anonymous Group Information Change Form

GROUP SERVICE No. _____

DATE _____

DELEGATE AREA: 69 DISTRICT No. _____

No. OF MEMBERS _____

| OLD INFORMATION | | | | | | |
|--|----------------------------------|------------------------------|-------------------------------|------------------------------|------------------------------|------------------------------|
| Meeting Day | | | | | | |
| MON <input type="checkbox"/> | TUE <input type="checkbox"/> | WED <input type="checkbox"/> | THUR <input type="checkbox"/> | FRI <input type="checkbox"/> | SAT <input type="checkbox"/> | SUN <input type="checkbox"/> |
| Meeting Times | | | | | | |
| | | | | | | |
| Other Meeting Information: | | | | | | |
| English <input type="checkbox"/> | Spanish <input type="checkbox"/> | Other: _____ | | | | |
| Open <input type="checkbox"/> | Closed <input type="checkbox"/> | | | | | |
| Smoke: <input type="checkbox"/> | Non-Sm: <input type="checkbox"/> | | | | | |
| Wheelchair accessible Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | | | |

| NEW INFORMATION | | | | | | |
|--|----------------------------------|------------------------------|-------------------------------|------------------------------|------------------------------|------------------------------|
| Meeting Day | | | | | | |
| MON <input type="checkbox"/> | TUE <input type="checkbox"/> | WED <input type="checkbox"/> | THUR <input type="checkbox"/> | FRI <input type="checkbox"/> | SAT <input type="checkbox"/> | SUN <input type="checkbox"/> |
| Meeting Times | | | | | | |
| | | | | | | |
| Other Meeting Information: | | | | | | |
| English <input type="checkbox"/> | Spanish <input type="checkbox"/> | Other: _____ | | | | |
| Open: <input type="checkbox"/> | Closed: <input type="checkbox"/> | | | | | |
| Smoke: <input type="checkbox"/> | Non-Sm: <input type="checkbox"/> | | | | | |
| Wheelchair accessible Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | | | |

General Service Representative (GSR)

General Service Representative (GSR)

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

CITY _____, UT

CITY _____, U*

ZIP _____ PHONE _____

ZIP _____ PHONE _____

Alternate G.S.R. or Mail Contact

Alternate G.S.R. or Mail Contact

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

CITY _____, UT

CITY _____, U*

ZIP _____ PHONE _____

ZIP _____ PHONE _____

If the Group is to be listed in the Directory, please provide a telephone number and mailing address for the G.S.R., Alternate G.S.R. or Group contact. Listing in the Directory is for Twelfth Step referral and/or for meeting information. The G.S.R's (or other contact) name and telephone number will be included in the Directory with the Group's name and service number.

OK to list in the Directory? Yes No

Signature: _____ Date: _____

**PLEASE SEND THIS FORM TO YOUR DISTRICT DCM
DISTRICT DCM PLEASE SEND THIS FORM TO THE AREA REGISTRAR AS WELL AS THE AREA WEB SERVANT
AREA REGISTRAR PLEASE SEND TO: GRAND CENTRAL STATION, P.O. BOX 459, NEW YORK, NY 10163**