

# ALCOHOLICS ANONYMOUS GROUP INFORMATION CHANGE FORM

GROUP SERVICE No. \_\_\_\_\_

DATE: \_\_\_\_\_

DELEGATE AREA No. \_\_\_\_\_ DISTRICT No. \_\_\_\_\_ No. OF MEMBERS \_\_\_\_\_

## OLD INFORMATION

GROUP NAME \_\_\_\_\_

Group Meeting Location: \_\_\_\_\_

Street \_\_\_\_\_

City/Town \_\_\_\_\_

State/Province \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

MEETING DAY						
MON <input type="checkbox"/>	TUES <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						

**GENERAL SERVICE REPRESENTATIVE (G.S.R.)**

Name \_\_\_\_\_

Street \_\_\_\_\_

City/Town \_\_\_\_\_

State/Province \_\_\_\_\_

Zip \_\_\_\_\_ Telephone ( \_\_\_\_\_ )

ALTERNATE G.S.R.  or MAIL CONTACT  (Please check one )

Name \_\_\_\_\_

Street \_\_\_\_\_

City/Town \_\_\_\_\_

State/Province \_\_\_\_\_

Zip \_\_\_\_\_ Telephone ( \_\_\_\_\_ )

## NEW INFORMATION

GROUP NAME \_\_\_\_\_

Group Meeting Location: \_\_\_\_\_

Street \_\_\_\_\_

City/Town \_\_\_\_\_

State/Province \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

MEETING DAY						
MON <input type="checkbox"/>	TUES <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						

**GENERAL SERVICE REPRESENTATIVE (G.S.R.)**

Name \_\_\_\_\_

Street \_\_\_\_\_

City/Town \_\_\_\_\_

State/Province \_\_\_\_\_

Zip \_\_\_\_\_ Telephone ( \_\_\_\_\_ )

ALTERNATE G.S.R.  or MAIL CONTACT  (Please check one )

Name \_\_\_\_\_

Street \_\_\_\_\_

City/Town \_\_\_\_\_

State/Province \_\_\_\_\_

Zip \_\_\_\_\_ Telephone ( \_\_\_\_\_ )

Listing in the directory is for twelfth step referral and/or requests for meeting information. The G.S.R. and Alternate G.S.R. (or other mail contact) names AND telephone numbers will be included in the directory in addition to the group's name and service number.

OK TO LIST IN THE DIRECTORY?  Yes  No

**PLEASE NOTE:** Groups without a Telephone Number will not be listed in the Directory.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*"Our membership ought to include all who suffer from alcoholism. Hence we may refuse none who wish to recover. Nor ought A.A. Membership ever depend upon money or conformity. Any two or three alcoholics gathered together for sobriety may call themselves an A.A. group, provided that, as a group they have no other affiliation." — Tradition Three (the long form)*

*"Each Alcoholics Anonymous group ought to be a spiritual entity having but one primary purpose — that of carrying its message to the alcoholic who still suffers." — Tradition Five (the long form)*

*"Unless there is approximate conformity to A.A.'s Twelve Traditions, the group . . . can deteriorate and die." — Twelve Steps and Twelve Traditions, page 174*

PLEASE RETURN TO YOUR DISTRICT COMMITTEE MEMBER FOR PROPER CHANGES TO BE MADE.