

**U.S. and Canada 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 \_\_\_\_\_

**NEW INFORMATION**

GROUP NAME \_\_\_\_\_  
Group Meeting Location: \_\_\_\_\_  
Street \_\_\_\_\_  
City/Town \_\_\_\_\_  
State/Province \_\_\_\_\_  
Zip \_\_\_\_\_

<b>MEETING DAY</b>						
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"/>
<b>MEETING TIMES</b>						

<b>MEETING DAY</b>						
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"/>
<b>MEETING TIMES</b>						

GENERAL SERVICE REPRESENTATIVE (G.S.R.)  
Name \_\_\_\_\_  
Street \_\_\_\_\_  
City/Town \_\_\_\_\_  
State/Province \_\_\_\_\_  
Zip \_\_\_\_\_ Telephone \_\_\_\_\_  
E-mail address \_\_\_\_\_

GENERAL SERVICE REPRESENTATIVE (G.S.R.)  
Name \_\_\_\_\_  
Street \_\_\_\_\_  
City/Town \_\_\_\_\_  
State/Province \_\_\_\_\_  
Zip \_\_\_\_\_ Telephone \_\_\_\_\_  
E-mail address \_\_\_\_\_

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

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City/Town \_\_\_\_\_  
State/Province \_\_\_\_\_  
Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City/Town \_\_\_\_\_  
State/Province \_\_\_\_\_  
Zip \_\_\_\_\_ Telephone \_\_\_\_\_

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: \_\_\_\_\_

"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 **Area 15 Registrar PO Box 561715 Miami, FL 33256-1715**

**REV. 1/9/02**

[Registrar@area15aa.org](mailto:Registrar@area15aa.org)