

Printed Date: _____

Group Status: _____

Source of Data: _____

Area _____ Group Svc # _____ 1st Met _____
 District _____ # of Members: _____ Last Changed: _____

Existing Group Information

Updated Group Information

Grp Name: _____ Grp Name: _____
 Mtg Loc: _____ Mtg Loc: _____
 Street: _____ Street: _____
 City/St/Zip: _____ City/St/Zip: _____

Meeting Times

	Mon	Tues	Wed	Thu	Fri	Sat	Sun
Existing							
Changes							
Type of Meeting							

If Existing Contacts have not changed please indicate on right side same / no change

Existing/Outgoing Primary Contact

New General Service Rep (GSR)

Name: _____ Name: _____
 Street: _____ Street: _____
 City/St/Zip: _____ City/St/Zip: _____
 Is GSR: _____ Is GSR?: _____
 Phone: _____ Phone: _____
 Email: _____ Email: _____
 OK to list in Directory? _____ OK to list in Directory? Yes No
 Receives GSO Mailings? _____ Receive Area 15 Minutes E-Mail Yes No

Mark Boxes only One → US Mail Yes No

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

Existing/Outgoing Secondary Contact

New Alternate GSR Or New Mail Contact

Name: _____ Name: _____
 Street: _____ Street: _____
 City/St/Zip: _____ City/St/Zip: _____
 Phone: _____ Phone: _____
 Email: _____ Email: _____
 OK to list in Directory? _____ OK to list in Directory? Yes No
 Receives GSO Mailings? _____ Receive Area 15 Minutes E-Mail Yes No

Signature: _____ Date: _____