

ALCOHOLICS ANONYMOUS GROUP INFORMATION CHANGE FORM

GROUP SERVICE No.: _____

DATE: _____

DELEGATE AREA No. 72 DISTRICT No: _____

No. OF MEMBERS: _____

OLD INFORMATION	NEW INFORMATION
------------------------	------------------------

GROUP NAME: _____ Group Meeting Location: _____ Street: _____ _____ City/Town: _____ State: _____ Zip: _____	GROUP NAME: _____ Group Meeting Location: _____ Street: _____ _____ City/Town: _____ State: _____ Zip: _____
-----------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------

MEETING DAY <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td>MON <input type="checkbox"/></td> <td>TUE <input type="checkbox"/></td> <td>WED <input type="checkbox"/></td> <td>THU <input type="checkbox"/></td> <td>FRI <input type="checkbox"/></td> <td>SAT <input type="checkbox"/></td> <td>SUN <input type="checkbox"/></td> </tr> </table>	MON <input type="checkbox"/>	TUE <input type="checkbox"/>	WED <input type="checkbox"/>	THU <input type="checkbox"/>	FRI <input type="checkbox"/>	SAT <input type="checkbox"/>	SUN <input type="checkbox"/>	MEETING DAY <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td>MON <input type="checkbox"/></td> <td>TUE <input type="checkbox"/></td> <td>WED <input type="checkbox"/></td> <td>THU <input type="checkbox"/></td> <td>FRI <input type="checkbox"/></td> <td>SAT <input type="checkbox"/></td> <td>SUN <input type="checkbox"/></td> </tr> </table>	MON <input type="checkbox"/>	TUE <input type="checkbox"/>	WED <input type="checkbox"/>	THU <input type="checkbox"/>	FRI <input type="checkbox"/>	SAT <input type="checkbox"/>	SUN <input type="checkbox"/>
MON <input type="checkbox"/>	TUE <input type="checkbox"/>	WED <input type="checkbox"/>	THU <input type="checkbox"/>	FRI <input type="checkbox"/>	SAT <input type="checkbox"/>	SUN <input type="checkbox"/>									
MON <input type="checkbox"/>	TUE <input type="checkbox"/>	WED <input type="checkbox"/>	THU <input type="checkbox"/>	FRI <input type="checkbox"/>	SAT <input type="checkbox"/>	SUN <input type="checkbox"/>									

MEETING TIMES: AM: <input type="checkbox"/> PM: <input type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 12.5%; height: 20px;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> </tr> </table>								MEETING TIMES: AM: <input type="checkbox"/> PM: <input type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 12.5%; height: 20px;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> </tr> </table>							

GENERAL SERVICE REPRESENTATIVE (G.S.R.): Name: _____ Street: _____ City/Town: _____ State : _____ Phone: _____	GENERAL SERVICE REPRESENTATIVE (G.S.R.): Name: _____ Street: _____ City/Town: _____ State : _____ Phone: _____
----------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------

ZIP + 4 AVAILABLE AT USPS.COM

Zip:

--	--	--	--	--	--	--	--

Alternate G.S.R. <input type="checkbox"/> or Mail Contact <input type="checkbox"/> (Please check one: ✓) Name: _____ Street: _____ City/Town: _____ State : _____ Phone: _____	Alternate G.S.R. <input type="checkbox"/> or Mail Contact <input type="checkbox"/> (Please check one: ✓) Name: _____ Street: _____ City/Town: _____ State : _____ Phone: _____
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

ZIP + 4 AVAILABLE AT USPS.COM

Zip:

--	--	--	--	--	--	--	--

PLEASE NOTE: Groups without a Telephone Number will not be listed in the Directory. Zip + 4 is required for mailing of the Area Newsletter.

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.

O.K. 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 It's 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: WW AREA REGISTRAR, KEN HOGGATT, 7701 HARDESON #19, EVERETT, WA 98203-6250