

# 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**