

Area 48 ALCOHOLICS ANONYMOUS GROUP INFORMATION CHANGE FORM

Date: _____ **Please fill in as much information as possible.**

Area **48** District _____ Group Svc # _____ Group First Met: _____

Group Status: _____ **# of Members:** _____
(Active-Inactive, etc.)

Existing Group Information

Updated Group Information

Grp Name: _____

Grp Name: _____

Mtg Loc: _____

Mtg Loc: _____

Street: _____

Street: _____

City/St/Zip: _____

City/St/Zip: _____

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

Existing GSR or Primary Contact

Is the Primary Contact the GSR?

Yes No

New GSR or Primary Contact

Name: _____

Name: _____

Street: _____

Street: _____

City/St/Zip: _____

City/St/Zip: _____

Is GSR: _____

Is GSR?: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Receives GSO Mailings? Yes No

OK to list in Directory? Yes No

Existing Secondary Contact

New Alternate GSR Or New Mail Contact

Name: _____

Name: _____

Street: _____

Street: _____

City/St/Zip: _____

City/St/Zip: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Receives GSO Mailings? Yes No

OK to list in Directory? Yes No

Meeting Times

	Mon	Tues	Wed	Thur	Fri	Sat	Sun
<i>Existing</i>							
<i>Changes</i>							

- M- Men Only
- W- Women Only
- SP- SPEAKERS
- D- Discussion
- B- Beginner's Discussion

- ST- Step Discussion
- BB- Big Book Discussion
- T- Traditions Discussion
- LS- 'Living Sober' book
- LIT- Literature

- GV- Grapevine
- H- Wheelchair Accessible
- O- OPEN = Everyone is welcome
- C- CLOSED = For alcoholics only

Group Contact Name: _____ Date: _____

Please return to: records@aahmbny.org

