

US and Canada **ALCOHOLICS ANONYMOUS GROUP INFORMATION CHANGE FORM**

GROUP SERVICES NO.: _____ Meeting Start DATE: _____
 DELEGATE AREA NO: 32 DISTRICT NO.: _____ NO. OF MEMBERS: _____

OLD INFORMATION

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

MEETING DAY						
MON.	TUE.	WED.	THUR.	FRI.	SAT.	SUN.
MEETING TIMES						

GENERAL SERVICES REPRESENTATIVE (GSR)

Name _____
 Street _____
 City / Town _____
 State / Province _____
 Zip _____ Telephone _____

Alternative GSR OR Mail Contact (Please check one)

Name _____
 Street _____
 City / Town _____
 State / Province _____
 Zip _____ Telephone _____

NEW INFORMATION

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

MEETING DAY						
MON.	TUE.	WED.	THUR.	FRI.	SAT.	SUN.
MEETING TIMES						

GENERAL SERVICES REPRESENTATIVE (GSR)

Name _____
 Street _____
 City / Town _____
 State / Province _____
 Zip _____ Telephone _____

Alternative GSR OR Mail Contact (Please check one)

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 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.

OK TO LIST IN THE DIRECTORY? Yes No

Signature: _____ Date: _____

Send by E-Mail:
 Area 32 Registrar
 Registrar@cmia32.org
 (OR)
 aarecords@aa.org

Send by FAX Send by
 (212) 870-3003

Postal Mail:
 Records Department
 PO Box 459
 Grand Central Station
 New York, NY 10163