U.S. and Canada

ALCOHOLICS ANONYMOUS GROUP INFORMATION CHANGE FORM

GROUP SERVICE No. _____ **DATE:** _____

DELEGATE AREA No. _____ **DISTRICT No.** _____ **No. OF MEMBERS:** _____

OLD INFORMATION

GROUP NAME: _____

Group Meeting Location: _____

Street: _____

City/Town: _____

State/Province: _____

Zip Code: _____ Telephone: _____

MEETING DAY

MON ☐ | TUES ☐ | WED ☐ | THUR ☐ | FRI ☐ | SAT ☐ | SUN ☐

MEETING TIMES

_____ | _____ | _____ | _____ | _____ | _____ | _____

GENERAL SERVICE REPRESENTATIVE (G.S.R.)

Name: _____

Street: _____

City/Town: _____

State/Province: _____

Zip Code: _____ Telephone : _____

E-mail: _____

ALTERNATE G.S.R. ☐ ***or*** **MAIL CONTACT** ☐ (Please check one ✓)

Name: _____

Street: _____

City/Town: _____

State/Province: _____

Zip Code: _____ Telephone : _____

E-mail: _____

NEW INFORMATION

GROUP NAME: _____

Group Meeting Location: _____

Street: _____

City/Town: _____

State/Province: _____

Zip Code: _____ Telephone: _____

MEETING DAY

MON ☐ | TUES ☐ | WED ☐ | THUR ☐ | FRI ☐ | SAT ☐ | SUN ☐

MEETING TIMES

_____ | _____ | _____ | _____ | _____ | _____ | _____

GENERAL SERVICE REPRESENTATIVE (G.S.R.)

Name: _____

Street: _____

City/Town: _____

State/Province: _____

Zip Code: _____ Telephone : _____

E-mail: _____

ALTERNATE G.S.R. ☐ ***or*** **MAIL CONTACT** ☐ (Please check one ✓)

Name: _____

Street: _____

City/Town: _____

State/Province: _____

Zip Code: _____ Telephone : _____

E-mail: _____

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:** _____

"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 its 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.

RETURN THIS FORM TO:

Postal Mail to: **Brian Dickinson**
94 Thornbrough Street
Saint John, N.B.
E2K 3P6

E-mail: registrar@area81aa.ca