To be forwarded to Area 14 Registrar to make updates to General Service Office records Please provide as much information as possible

Area	14	14 Group Service Number						Date	
District		Group Start Date					Num	ber of Members	
0	ld G	roup In	formation			New Group Information			
Name:						Name:			
_									
						City/St/Zip:			
City/St/Zip:						Phone:			
Meeting Day and Time									
Meeting Day	МО	N	TUES	WED_	TI	HUR 🗌	FRI 🗌	SAT [	SUN
Meeting Time									
Type of Meeting									
LANGUAGE: (check one ) ENGLISH  SPANIS					NISH 🗌		FRENCH ☐ OTHER ☐ (specify)		
Old General Service Rep (GSR)  New General Service Rep (GSR)									
Name:						Name:			
Street:									
City/St/Zip:					c	City/St/Zip:			
Phone:	·				Phone:				
Email:					Email:  OK to list in A.A. Regional Directory? Yes No  Receive Area 14 Minutes by: Email USPS				
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 Mail 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 group service number.									
Old A	lt. G	SR or (	Old Mail Co	ontact	N	lew Alt.	GSR [	or New Mai	I Contact
Name:						Name:			
Street:						Street:			
City/St/Zip						ty/St/Zip :_			
Phone:						Phone:			
Email:						Email:			
					Or		_	gional Directory? utes by:  E	Yes□ No□ mail □ USPS □
Service F	Posit	ion:		Pho	one:		Date	<b>:</b>	
Return this form to North Florida Registrar: PO BOX 56414, Jacksonville, FL 32257-9998									

or registrar@aanorthflorida.org

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