

Alcoholics Anonymous Group Information Change Form

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

Area	14	Group Service Number		Date
District		Group Start Date		Number of Members

Old Group Information

New Group Information

Name: _____	Name: _____
Location: _____	Location: _____
Street: _____	Street: _____
City/St/Zip: _____	City/St/Zip: _____
Phone: _____	Phone: _____

Meeting Day and Time

Meeting Day	SUN <input type="checkbox"/>	MON <input type="checkbox"/>	TUES <input type="checkbox"/>	WED <input type="checkbox"/>	THU <input type="checkbox"/>	FRI <input type="checkbox"/>	SAT <input type="checkbox"/>
Meeting Time							
Type of Meeting							
LANGUAGE: (check one) ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> FRENCH <input type="checkbox"/> OTHER <input type="checkbox"/>							

Old General Service Rep (GSR)

New General Service Rep (GSR)

Name: _____	Name: _____
Street: _____	Street: _____
City/St/Zip: _____	City/St/Zip: _____
Phone: _____	Phone: _____
Email: _____	Email: _____
	OK to list in A.A. Regional Directory? Yes <input type="checkbox"/> No <input type="checkbox"/> Receive Area 14 Minutes by: Email <input type="checkbox"/> USPS <input type="checkbox"/>

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 Alt. GSR or Old Mail Contact

New Alt. GSR or New Mail Contact

Name: _____	Name: _____
Street: _____	Street: _____
City/St/Zip: _____	City/St/Zip: _____
Phone: _____	Phone: _____
Email: _____	Email: _____
	OK to list in A.A. Regional Directory? Yes <input type="checkbox"/> No <input type="checkbox"/> Receive Area 14 Minutes by: Email <input type="checkbox"/> USPS <input type="checkbox"/>

Signature: _____ Date: _____

Return this form to, PO Box 15504 Brooksville, FL 34604 or registrar@aanorthflorida.org