

ALCOHOLICS ANONYMOUS GROUP INFORMATION CHANGE FORM

GROUP SERVICE No. _____

DATE: _____

DELEGATE AREA No. 05 DISTRICT No. _____ No. OF MEMBERS _____

OLD INFORMATION

GROUP NAME _____

Group Meeting Location: _____

Street _____

City/Town _____

State/Province _____ Zip _____

MEETING DAY						
MON <input type="checkbox"/>	TUES <input type="checkbox"/>	WED <input type="checkbox"/>	THUR <input type="checkbox"/>	FRI <input type="checkbox"/>	SAT <input type="checkbox"/>	SUN <input type="checkbox"/>
MEETING TIMES						

GENERAL SERVICE REPRESENTATIVE (G.S.R.)

Name _____

Street _____

City/Town _____

State/Province _____ Zip _____

Telephone (____) _____ Cell Home

Email _____

ALTERNATE G.S.R. or **MAIL CONTACT** Please check one

Name _____

Street _____

City/Town _____

State/Province _____ Zip _____

Telephone (____) _____ Cell Home

Email _____

NEW INFORMATION

GROUP NAME _____

Group Meeting Location: _____

Street _____

City/Town _____

State/Province _____ Zip _____

MEETING DAY						
MON <input type="checkbox"/>	TUES <input type="checkbox"/>	WED <input type="checkbox"/>	THUR <input type="checkbox"/>	FRI <input type="checkbox"/>	SAT <input type="checkbox"/>	SUN <input type="checkbox"/>
MEETING TIMES						

GENERAL SERVICE REPRESENTATIVE (G.S.R.)

Name _____

Street _____

City/Town _____

State/Province _____ Zip _____

Telephone (____) _____ Cell Home

Email _____

ALTERNATE G.S.R. or **MAIL CONTACT** Please check one

Name _____

Street _____

City/Town _____

State/Province _____ Zip _____

Telephone (____) _____ Cell Home

Email _____

Listing in the directory is for twelfth step referral and/or requests for meeting information. The G.S.R. and Alternate G.S.R. (or other mail contact) names AND telephone numbers will be included in the directory in addition to the group's name and service number.

OK TO LIST IN THE DIRECTORY? Yes No

PLEASE NOTE: Groups without a Telephone Number will not be listed in the Directory.

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

PLEASE RETURN TO registrar@ascaa.org Or SCAA Registrar P.O. Box 481193, LA, CA 90048

Is your meeting listed in the Los Angeles area Central Office Directories? Go to www.lacoaa.org (Los Angeles), www.aasvco.org (San Gabriel Valley), and www.hacooa.org (Harbor Area)

