

GROUP INFORMATION CHANGE FORM

*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 purpose. **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*

Delegate Area: 20	District Number:	Group Service Number:
Number of Home Group Members:	Submission Date:	Submitted by:

OLD INFORMATION

GROUP NAME: _____

GROUP MEETING LOCATION

Street Address: _____

Town/City: _____

State: _____ Zip Code: _____

Times: _____ Days: _____

SMOKING NON-SMOKING HANDICAP ACCESSIBLE

GENERAL SERVICE REPRESENTATIVE (GSR)

Name: _____

Street or P.O. Box: _____

Town/City: _____

State: _____ Zip Code: _____

Telephone: () _____

E-mail: _____

ALTERNATE GSR OR OTHER CONTACT (Please circle one)

Name: _____

Street or P.O. Box: _____

Town/City: _____

State: _____ Zip Code: _____

Telephone: () _____

E-mail: _____

NEW INFORMATION

GROUP NAME: _____

GROUP MEETING LOCATION

Street Address: _____

Town/City: _____

State: _____ Zip Code: _____

Times: _____ Days: _____

SMOKING NON-SMOKING HANDICAP ACCESSIBLE

GENERAL SERVICE REPRESENTATIVE (GSR)

Name: _____

Street or P.O. Box: _____

Town/City: _____

State: _____ Zip Code: _____

Telephone: () _____

E-mail: _____

OK TO LIST NAME & PHONE IN DIRECTORY?	YES:	NO:
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ALTERNATE GSR OR OTHER CONTACT (Please circle one)

Name: _____

Street or P.O. Box: _____

Town/City: _____

State: _____ Zip Code: _____

Telephone: () _____

E-mail: _____

OK TO LIST NAME & PHONE IN DIRECTORY?	YES:	NO:
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Please Note: Listing in the directory is for twelve step referral and/or requests for meeting information only. Contact names and telephone numbers will be included in the directory in addition to the group's name and service number.

Submit completed form to Area 20 Registrar:
niaregistrar@gmail.com
P.O.Box 635, Yorkville, IL 60560
Submit copy of completed form to your District Secretary

A Microsoft Word version of this form is available online at: <http://www.aa-nia.org/info.html>