

Note: When the form is completed, click the "Submit by Email" button on the bottom.

## 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**, 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**, long form.*

*Unless there is approximate conformity to A.A.'s Twelve Traditions, the group....can deteriorate and die. **Twelve Steps and Twelve Traditions**.*

<b>Delegate Area: 20</b>	<b>District Number:</b>	<b>Group Service Number:</b>
<b>Number of Home Group Members:</b>	<b>Submission Date:</b>	<b>Submitted by:</b>

OLD INFORMATION				NEW INFORMATION			
<b>GROUP NAME:</b>				<b>GROUP NAME:</b>			
<b>MEETING LOCATION:</b>				<b>MEETING LOCATION:</b>			
Street Address:				Street Address:			
Town/City:				Town/City:			
State:		Zip Code:		State:		Zip Code:	
Times:		Days:		Times:		Days:	
Handicap Accessible:				Handicap Accessible:			

**PRIMARY CONTACT** is:     General Service Representative  
                                    Alternate General Service Rep.

**PRIMARY CONTACT** is:     General Service Representative  
                                    Alternate General Service Rep.  
                                   \*\*OK to list in GSO directory?

Name:				Name:			
Street or P.O. Box:				Street or P.O. Box:			
Town/City:				Town/City:			
State:		Zip Code:		State:		Zip Code:	
Telephone:				Telephone:			
E-mail:				E-mail:			

**SECONDARY CONTACT** is:     General Service Representative  
                                    Alternate General Service Rep.

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 is:                                    Alternate General Service Rep.  
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Name:				Name:			
Street or P.O. Box:				Street or P.O. Box:			
Town/City:				Town/City:			
State:		Zip Code:		State:		Zip Code:	
Telephone:				Telephone:			
E-mail:				E-mail:			

**\*\*Note:** The GSO directory is for twelve step referral or for meeting information requests only. If checked, contact names and telephone numbers will be included in the directory along with the group's name and service number. **Groups without a contact listing will not be listed. ALL FIELDS (HEADER & NEW INFORMATION) ARE REQUIRED TO BE FILLED IN TO BE ENTERED INTO THE DATABASE.**