

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**.*

Delegate Area: 20	District Number:	Group ID (9 digits):
# of Home Group Members:	Submission Date:	Submitted by:

OLD INFORMATION

GROUP NAME: _____

MEETING LOCATION: _____

Street Address: _____

Town/City: _____

State: _____ Zip Code: _____

Times: _____ Days: _____

Online Only: _____ **In Person/Hybrid:** _____ Handicap Accessible: _____

PRIMARY CONTACT is: _____ General Service Representative
 _____ Alternate General Service Rep.
 _____ Mail Contact Only

Name: _____

Street or P.O. Box: _____

Town/City: _____

State: _____ Zip Code: _____

Telephone: _____

E-mail: _____

SECONDARY CONTACT is: _____ Alternate General Service Rep.
 _____ Mail Contact Only

Name: _____

Street or P.O. Box: _____

Town/City: _____

State: _____ Zip Code: _____

Telephone: _____

E-mail: _____

NEW INFORMATION

GROUP NAME: _____

MEETING LOCATION: _____

Street Address: _____

Town/City: _____

State: _____ Zip Code: _____

Times: _____ Days: _____

Online Only: _____ **In Person/Hybrid:** _____ Handicap Accessible: _____

GENERAL SERVICE REPRESENTATIVE is:

Name: _____

Street or P.O. Box: _____

Town/City: _____

State: _____ Zip Code: _____

Telephone: _____

E-mail: _____

If you have previously held a service position and your information has changed since then, check here

SECONDARY CONTACT is: _____ Alternate General Service Rep.
 _____ Mail Contact Only

Name: _____

Street or P.O. Box: _____

Town/City: _____

State: _____ Zip Code: _____

Telephone: _____

E-mail: _____

If you have previously held a service position and your information has changed since then, check here

SEND MY GSR KIT TO ME:

☐ By mail

☐ Electronically

Submit completed form to Area 20 Registrar: registrar@aa-nia.org,
 NIA, Ltd. Attn: Registrar, P.O. Box 1511, Palatine, IL 60078

Submit copy of completed form to your District Secretary

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