

# U.S. and Canada ALCOHOLICS ANONYMOUS GROUP INFORMATION CHANGE FORM

GROUP SERVICE No. \_\_\_\_\_

DATE: \_\_\_\_\_  
*mm/dd/yyyy*

DELEGATE AREA No. \_\_\_\_\_ DISTRICT No. \_\_\_\_\_ No. OF MEMBERS \_\_\_\_\_

## OLD INFORMATION

GROUP NAME \_\_\_\_\_  
 Group Meeting Location: \_\_\_\_\_  
 Street \_\_\_\_\_  
 City/Town \_\_\_\_\_  
 State/Province \_\_\_\_\_  
 \_\_\_\_\_ Zip \_\_\_\_\_

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

**GENERAL SERVICE REPRESENTATIVE (G.S.R.)**  
 Name \_\_\_\_\_  
 Street \_\_\_\_\_  
 City/Town \_\_\_\_\_  
 State/Province \_\_\_\_\_  
 Zip \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

**ALTERNATE G.S.R.**  **or** **MAIL CONTACT**  (Please check one )  
 Name \_\_\_\_\_  
 Street \_\_\_\_\_  
 City/Town \_\_\_\_\_  
 State/Province \_\_\_\_\_  
 Zip \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

## NEW INFORMATION

GROUP NAME \_\_\_\_\_  
 Group Meeting Location: \_\_\_\_\_  
 Street \_\_\_\_\_  
 City/Town \_\_\_\_\_  
 State/Province \_\_\_\_\_  
 \_\_\_\_\_ Zip \_\_\_\_\_

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

**GENERAL SERVICE REPRESENTATIVE (G.S.R.)**  
 Name \_\_\_\_\_  
 Street \_\_\_\_\_  
 City/Town \_\_\_\_\_  
 State/Province \_\_\_\_\_  
 Zip \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

**ALTERNATE G.S.R.**  **or** **MAIL CONTACT**  (Please check one )  
 Name \_\_\_\_\_  
 Street \_\_\_\_\_  
 City/Town \_\_\_\_\_  
 State/Province \_\_\_\_\_  
 Zip \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

**If the Group is to be listed in the Directory, please provide a telephone number and mailing address for the G.S.R., Alternate G.S.R. or Group contact. Listing in the Directory is for Twelfth Step referral and/or for meeting information. The G.S.R.'s (or other contact) name and telephone number will be included in the Directory with the group's name and service number.**

OK TO LIST IN THE DIRECTORY?     Yes     No

*Print and sign this document or type your name and attach to an email*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
*mm/dd/yyyy*

*"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: GRAND CENTRAL STATION, P. O. BOX 459, NEW YORK, NY 10163**

*Save this document and attach to an email addressed to: registrarOA58@aa-oregon.org*

*Then:*