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

GROUP SERVICE No.	DATE:
DELEGATE AREA No DISTRICT No	No. OF MEMBERS
OLD IN FORM ATION	NEW INFORMATION
GROUP NAME	GROUP NAME
Group Meeting Location:	Group Meeting Location:
Street	Street
City/ Town	City/ Town
State/ Province	State/ Province
Zip	Zip
MEETING DAY MON	MEETING DAY MON TUES WED THUR FRI SAT SUN
GENERAL SERVICE REPRESENTATIVE (G.S.R.)	GENERAL SERVICE REPRESENTATIVE (G.S.R.)
Name	Name
Street	Street
City/ Town	City/ Town
State/ Province	State/ Province
Zip Telephone ()	Zip Telephone ()
ALTERNATE G.S.R. or MAIL CONTACT (Rease check one (A)	ALTERNATE G.S.R. Or MAIL CONTACT (Rease check one ()
Name	Name
Street	Street
City/ Town	City/ Town
State/ Province	State/ Province
Zip Telephone ()	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 Date first, then sign	
Signature: You may also print this document, sign by hand, and mail to the	Date:
. •	may refuse none who wish to recover. Nor ought A.A. Membership ever depend sobriety may call themselves an A.A. group, provided that, as a group they have
"Each Alcoholics Anonymous group ought to be a spiritual entity having but o suffers." — Tradition Five (the long form)	ne primary purpose — that of carrying its message to the alcoholic who still
"Unless there is approximate conformity to A.A.'s Twelve Traditions, the group	o can deteriorate and die." — Twelve Steps and Twelve Traditions, page 174