

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 Service Number:
Number of Home Group Members:	Submission Date:	Submitted by:

OLD INFORMATION

GROUP NAME: _____

MEETING LOCATION: _____

Street Address: _____

Town/City: _____

State: _____ Zip Code: _____

Times: _____ Days: _____

Smoking: Non-smoking: Handicap Accessible:

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

Name: _____

Street or P.O. Box: _____

Town/City: _____

State: _____ Zip Code: _____

Telephone: () _____

E-mail: _____

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

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: _____

Smoking: Non-smoking: Handicap Accessible:

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

Name: _____

Street or P.O. Box: _____

Town/City: _____

State: _____ Zip Code: _____

Telephone: () _____

E-mail: _____

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

Name: _____

Street or P.O. Box: _____

Town/City: _____

State: _____ Zip Code: _____

Telephone: () _____

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 listable contact will not be listed.**

Submit completed form to Area 20 Registrar: registrar@aa-nia.org, P.O.Box 25, Streamwood, IL 60107-0025

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>