

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		NEW INFORMATION (write "same" if no change)						
GROUP NAME: _____		GROUP NAME: _____						
MEETING LOCATION: _____		MEETING LOCATION: _____						
Street Address: _____		Street Address: _____						
Town/City: _____		Town/City: _____						
State: _____ Zip Code: _____		State: _____ Zip Code: _____						
Times: _____ Days: _____		Times: _____ Days: _____						
Online Only: _____ In Person/Hybrid: _____ Handicap Accessible: _____		Online Only: _____ In Person/Hybrid: _____ Handicap Accessible: _____						
PRIMARY CONTACT is: _____ General Service Representative _____ Alternate General Service Rep. _____ Mail Contact Only		GENERAL SERVICE REPRESENTATIVE is: _____ <table border="1" style="float: right; margin-left: 20px;"> <tr> <td colspan="2" style="text-align: center;">SEND MY GSR KIT TO ME:</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>By mail</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Electronically</td> </tr> </table>	SEND MY GSR KIT TO ME:		<input type="checkbox"/>	By mail	<input type="checkbox"/>	Electronically
SEND MY GSR KIT TO ME:								
<input type="checkbox"/>	By mail							
<input type="checkbox"/>	Electronically							
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: _____						
		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		SECONDARY CONTACT is: _____ Alternate General Service Rep. _____ Mail Contact Only						
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: _____						
		If you have previously held a service position and your information has changed since then, check here						

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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