

GROUP CHANGE FORM

Printed Date: _____

Source of Data: _____

Area 15 Group Svc # _____ 1st Met _____
 District 4 # of Members: _____ Last Changed: _____

Existing Group Information

Updated Group Information

Grp Name: _____ Grp Name: _____
 Mtg Loc: _____ Mtg Loc: _____
 Street: _____ Street: _____
 City/St/Zip: _____ City/St/Zip: _____

Meeting Times

	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Existing							
Changes							

Existing Primary Contact

New General Service Rep (GSR)

Name: _____ Name: _____
 Street: _____ Street: _____
 City/St/Zip: _____ City/St/Zip: _____
 Is GSR: _____ Is GSR?: _____
 Phone: _____ Phone: _____
 Email: _____ Email: _____
 OK to list in Directory? _____ OK to list in Directory? Yes No

Receive Area 15 Minutes E-Mail Yes No

Mark Boxes →→→→ Post Yes No

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

Existing Secondary Contact

New Alternate GSR Or New Mail Contact

Name: _____ Name: _____
 Street: _____ Street: _____
 City/St/Zip: _____ City/St/Zip: _____
 Phone: _____ Phone: _____
 Email: _____ Email: _____
 OK to list in Directory? _____ OK to list in Directory? Yes No

Receive Area 15 Minutes E-Mail Yes No

Signature: _____ Date: _____