

# GROUP CHANGE FORM

Printed Date: \_\_\_\_\_

Source of Data: \_\_\_\_\_

Area 15 Group Svc # \_\_\_\_\_ 1<sup>st</sup> 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: \_\_\_\_\_