

# DISTRICT 8 ALCOHOLICS ANONYMOUS GROUP INFORMATION CHANGE FORM

**Date:** \_\_\_\_\_ Please fill in as much information as possible.

Area **48** District **8** Group Svc # \_\_\_\_\_ Group First Met: \_\_\_\_\_

Group Status: \_\_\_\_\_ # of Members: \_\_\_\_\_  
(Active-Inactive, etc.)

ExistingGroup Information	UpdatedGroup Information
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Grp Name: _____	Grp Name: _____
Mtg Loc: _____	Mtg Loc: _____
Street: _____	Street: _____
City/St/Zip: _____	City/St/Zip: _____

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

ExistingGSR or Primary Contact	Is the Primary Contact the GSR?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	New GSR or Primary Contact
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Name: _____				Name: _____
Street: _____				Street: _____
City/St/Zip: _____				City/St/Zip: _____
Is GSR: _____				Is GSR?: _____
Phone: _____				Phone: _____
Email: _____				Email: _____
Receives GSO Mailings? Yes <input type="checkbox"/> No <input type="checkbox"/>				OK to list in Directory? Yes <input type="checkbox"/> No <input type="checkbox"/>

ExistingSecondary Contact	NewAlternate GSR <input type="checkbox"/> Or New Mail Contact <input type="checkbox"/>
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Name: _____	Name: _____
Street: _____	Street: _____
City/St/Zip _____	City/St/Zip: _____
Phone: _____	Phone: _____
Email: _____	Email: _____
Receives GSO Mailings? Yes <input type="checkbox"/> No <input type="checkbox"/>	OK to list in Directory? Yes <input type="checkbox"/> No <input type="checkbox"/>

### Meeting Times

	Mon	Tues	Wed	Thur	Fri	Sat	Sun
<i>Existing</i>							
<i>Changes</i>							

- |  |   |   |
|--|---|---|
| <ul style="list-style-type: none"> <li>-M- Men Only</li> <li>-W- Women Only</li> <li>-SP- SPEAKERS</li> <li>-D- Discussion</li> <li>-B- Beginner's Discussion</li> </ul> | <ul style="list-style-type: none"> <li>-ST- Step Discussion</li> <li>-BB- Big Book Discussion</li> <li>-T- Traditions Discussion</li> <li>-LS- 'Living Sober' book</li> <li>-LIT- Literature</li> </ul> | <ul style="list-style-type: none"> <li>-GV- Grapevine</li> <li>-H- Wheelchair Accessible</li> <li>-O- OPEN = Everyone is welcome</li> <li>-C- CLOSED = For alcoholics only</li> </ul> |
|--|---|---|

Group Contact Name: \_\_\_\_\_ Date: \_\_\_\_\_

Send to: [district8records@aahmbny.org](mailto:district8records@aahmbny.org)