

ALCOHOLICS ANONYMOUS **Group Information Change Form**

Please fill this out - YEARLY - AND - whenever group information changes. Thank you!

GROUP'S NAME _____ District #: **10 20 30 40 50 60 70 80** (Please Circle one)
 GROUP'S Group Service # _____ (Optional. It can be obtained from the State AA Office) GSO Area # 57 (State of Oklahoma)
 Estimated NUMBER OF MEMBERS Claiming this group as their Home Group _____

GROUP'S MEETING PLACE (Building description) _____ Check if this is a new meeting place
 MEETING ADDRESS _____ CITY/TOWN _____ Check if this is a new meeting address
 GROUP'S MAILING ADDRESS (if any) _____ CITY/TOWN _____ STATE _____ ZIP _____

GROUP'S MEETING SCHEDULE: (Please follow the example below & indicate whether open or closed / smoking or not / type of meeting)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

PLEASE INDICATE ALL 4 FOR EACH MEETING:
 1) O=Open C=Closed 2) SM=Smoking, NS= Non Smoking 3) BB=Big Book, SS=Step Study, TR = Traditions, To=Topic, Di=Discussion, SP = Speaker, AB=As Bill Sees It, DR=Daily Reflections, BG=Beginners, CT=Came to Believe, LS=Living Sober, GR=Grapevine, Ot=Other 4) H=Handicap Accessible, W=Women's Meeting, M=Men's Meeting, S=Spanish, O=Other

NOTES on Meeting Schedule: _____

<i>Example:</i>	8pm C-S-BB-H				8pm-O-NS-SS-W
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Current Group Contact Information

Our Group's PRIMARY CONTACT is: (This person receives mail for the group from GSO in New York and does not have to be the GSR.)

Check the appropriate one: GSR Alt GSR or Group Contact

NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 HOME PHONE (____) _____ CELL PHONE (____) _____
 E-MAIL ADDRESS _____

OK to list this person's full name & phone # in GSO Directory ____ Yes ____ No
 Please mark which phone number you'd like listed ____ Home ____ Cell
 Wants to receive Group E-mails from State AA Office ____ Yes ____ No
 Would like to receive the Area 57 Newsletter by ____ Mail ____ E-mail
 Is willing to help with Bridge-the-Gap work ____ Yes ____ No

Name of person being replaced & position _____

Our Group's SECONDARY CONTACT is:

Check the appropriate one: GSR Alt GSR or Group Contact

NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 HOME PHONE (____) _____ CELL PHONE (____) _____
 E-MAIL ADDRESS _____

OK to list this person's full name & phone # in GSO Directory ____ Yes ____ No
 Please mark which phone number you'd like listed ____ Home ____ Cell
 Wants to receive Group E-mails from State AA Office ____ Yes ____ No
 Would like to receive the Area 57 Newsletter by ____ Mail ____ E-mail
 Is willing to help with Bridge-the-Gap work ____ Yes ____ No

Name of person being replaced & position _____

Our Group's PHONE CONTACT is: (This person is DIFFERENT from those above, usually an old-timer, in case both of the above addresses & phone numbers become inaccurate.)

Name of person being replaced as Phone Contact _____

NAME _____
 HOME PHONE (____) _____ CELL PHONE (____) _____

Check the appropriate one: GSR Alt GSR or Group Contact

OK to list this person's full name & phone # in GSO Directory if either of the ones above don't wish to be listed? ____ Yes ____ No
 Please mark which phone number you'd like listed ____ Home ____ Cell

Other E-MAIL CONTACTS: Other Group Members (different from Primary or Secondary) who would like to receive E-mails from the State AA Office:

Name _____ E-Mail _____
 Name _____ E-Mail _____
 Name _____ E-Mail _____
 Name _____ E-Mail _____
 Name _____ E-Mail _____
 Name _____ E-Mail _____

Submitted by _____ Date _____

Other Group Contacts:

Group Secretary _____ (____) _____
 Group Treasurer _____ (____) _____

Please Return This Form to:
Oklahoma AA State Committee Office
PO Box 18415, OKC, OK 73154-0415