

GROUP SERVICE #

GROUP START DATE (NOT Today's Date):

DELEGATE AREA # 83

DISTRICT #

MEMBERS:

PLEASE HIGHLIGHT ONLY CHANGES ONLY NEW INFORMATION IS TO BE FILLED OUT ON THE RIGHT HAND SIDE

| OLD INFORMATION | NEW INFORMATION ONLY |
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| GROUP NAME State/Province Zip/Postal | GROUP NAME Meeting Location: Street City/Town State/Province Zip/Postal Code |
| Meeting Day (check all which apply) Mon <input checked="" type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input checked="" type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> | Meeting Day (check all which apply) Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> |
| Meeting times and Types (Open or Closed etc.) | Meeting times and Types (Open or Closed etc.) |
| GENERAL SERVICE REPRESENTATIVE Name Street City/Town State/Province Zip/Postal Code Telephone Alternate GSR <input type="checkbox"/> or Mail Contact <input type="checkbox"/> (Please check one √) | GENERAL SERVICE REPRESENTATIVE Name Street City/Town State/Province Zip/Postal Code Telephone Email: Alternate GSR <input type="checkbox"/> or Mail Contact <input type="checkbox"/> (Please check one √) |
| Name Street City/Town State/Province Zip/Postal Code Telephone Email: | Name Street City/Town State/Province Zip/Postal Code Telephone Email |
| Comments / Special Instructions: | |

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

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| OK TO LIST GSR IN THE DIRECTORY? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> Full Name <input type="checkbox"/> Last Initial Only (still require a full name above) |
| OK TO LIST ALT- GSR/CONTACT IN THE DIRECTORY? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> Full Name <input type="checkbox"/> Last Initial Only (still require a full name above) |

Signature (submitted by):

Today's Date:

"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 affiliation." —Tradition Three (the 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 (the long form)"Unless there is approximate conformity to A.A.'s Twelve Traditions, the group ... can deteriorate and die." —Twelve Steps & Twelve Traditions, p 174

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| PLEASE RETURN TO: Area 83 Registrar 33 Esther Street Pembroke, ON K8A 6W2 registrar@area83aa.org | ELECTRONIC SUBMISSION INSTRUCTIONS: Please fill in this form and save it with a meaningful file name which includes information on the district, group name, and date submitted. For example, if the change is for a group in District 01 named the "One Day at a Time" group, the filename could be: 21210115 D01OneDayGroup.ChangeGSR.doc |
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