**GROUP SERVICE No. DATE:**

**SOUTH FLORIDA AREA 15**  **Alcoholics Anonymous Group Information Change Form Form**

**DELEGATE AREA No. DISTRICT No. No. OF MEMBERS:**

 **NEW INFORMATION**

 **OLD INFORMATION**

|  |  |  |
| --- | --- | --- |
| GROUP NAME: In-Person □ Hybrid □ On-Line Only □ (Please check one √)Group Meeting Location: Street: City/Town: State: Zip Code: Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | GROUP NAME: In-Person □ Hybrid □ On-Line Only □ (Please check one √)Group Meeting Location: Street: City/Town: State: Zip Code: Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **MEETING DAY****MON □│TUES □ │ WED □ │ THUR □│ FRI □ │ SAT □ │ SUN □**  | **MEETING DAY****MON □│TUES □ │ WED □ │ THUR □│ FRI □ │ SAT□ │ SUN □**  |
| **MEETING TIMES**\_\_\_\_\_\_\_**│**\_\_\_\_\_\_\_**│** \_\_\_\_\_\_\_**│** \_\_\_\_\_\_\_**│** \_\_\_\_\_\_ **│** \_\_\_\_\_\_\_**│** \_\_\_\_\_\_LANGUAGE (Please check one √) ENGLISH □ SPANISH □ FRENCH □ OTHER \_\_\_\_\_\_\_\_\_\_\_\_  | **MEETING TIMES**\_\_\_\_\_\_\_**│**\_\_\_\_\_\_\_**│** \_\_\_\_\_\_\_**│** \_\_\_\_\_\_\_**│** \_\_\_\_\_\_ **│** \_\_\_\_\_\_\_**│** \_\_\_\_\_\_LANGUAGE (Please check one √) ENGLISH □ SPANISH □ FRENCH □ OTHER \_\_\_\_\_\_\_\_\_\_\_  |
| **GENERAL SERVICE REPRESENTATIVE (G.S.R.)**Name: Street: City/Town: State: Zip Code: Telephone:E-mail: **ALTERNATE G.S.R. □ or MAIL CONTACT** □ (Please check one √)Name: Street: City/Town: State: Zip Code: Telephone:E-mail:  | **GENERAL SERVICE REPRESENTATIVE (G.S.R.)**Name: Street: City/Town: State: Zip Code: Telephone:E-mail: **ALTERNATE G.S.R. □ or MAIL CONTACT** □ (Please check one √)Name: Street: City/Town: State: Zip Code: Telephone:E-mail:  |

**SIGNATURE: DATE:**

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| ***Email: registrar@district7area15aa.org*** |