**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**

|  |  |  |
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| 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*** |