

A.A. Group/Meeting Information / Update

(AA Groups who have been meeting for 6 months will be listed)

Date: _____ New Group Change Group Information Delete Group
EFFECTIVE DATE: _____

Group Name: _____

Address: _____

Name of Meeting Location: _____

City: _____ State: _____ Zip: _____

(A separate form is used to be listed with the General Service Office in New York)

<input type="checkbox"/> Open (anyone can attend)	<input type="checkbox"/> Closed (alcoholics only, or those having a desire to stop drinking)
<input type="checkbox"/> Mixed (Men & Women)	<input type="checkbox"/> Men <input type="checkbox"/> Women
<input type="checkbox"/> Big Book	<input type="checkbox"/> Step <input type="checkbox"/> Step & Tradition <input type="checkbox"/> Speaker <input type="checkbox"/> Topic/Discussion
<input type="checkbox"/> Child Care Provided	<input type="checkbox"/> Child Friendly (children must be attended by parent during meeting)
<input type="checkbox"/> Young People (under age 25)	<input type="checkbox"/> Seniors <input type="checkbox"/> Gay <input type="checkbox"/> Hispanic
<input type="checkbox"/> Handicap Equipped (all facilities including restrooms) <input type="checkbox"/> Español (Spanish Speaking)	

Meeting Day	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
Time							

1st AA Group Contact
IG REPRESENTATIVE
 (Two names must be on this form)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone (H): _____

Telephone (W): _____

“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 affiliations.”

-Tradition Three (long form)

2nd AA Group Contact
 (Two names must be on this form)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone (H): _____

Telephone (W): _____

“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 (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