Arizona Area 03
GROUP INFORMATION CHANGE FORM

Group Service Number: _____ Date of change: _____

District Number: _____ # of group members: _____

Name of Group _____

Old Information: GSR Name: _____

Old Alt GSR or Mail Contact (circle one) _____

New Information:

GSR Name: _____ Group Meeting Location:

Address: _____ _____

City, State, ZIP: _____ Meeting Address:

Phone: ( ) _____ _____

Email: _____ Meeting City and Zip Code:

Newsletter by mail ____ or email _____ _____

Alt GSR or Mail Contact (circle one)

Name: _____

Address: _____

City, State, ZIP: _____

Phone: ( ) _____

Email: _____

Newsletter by mail ____ or email _____

Meeting Days:	Sun	Mon	Tues	Weds	Thurs	Fri	Sat
Time:	_____	_____	_____	_____	_____	_____	_____
Meeting Type:	_____	_____	_____	_____	_____	_____	_____

O- Open C- Closed NS- Non smoking S- Speaker D- Discussion BB- Big Book
T- Steps Tr- Traditions H- Handicap Access YP- Young Peoples
AN- Al-Anon meets at same time/location RC- Remote Community

Please return this form to:

Registrar
12480 E Placita Mirlo
Tucson, AZ 85747

_____ Please send copy to GSO
_____ Please send copy to my DCM
_____ Please send copy to Area Meeting List Coord.
I sent a copy to GSO_____
I sent a copy to my DCM _____
I sent a copy to the Area Meeting List Coord ____

Okay to list in GSO Directory? Y / N Groups listed in a GSO Directory and in GSO's Fellowship New Vision database must have a contact name and phone number. Listing in the Directories is for 12 Step referral and/or meeting information.