

# Arizona Area 03

## GROUP INFORMATION CHANGE FORM

Group Service Number: \_\_\_\_\_  
 District Number: \_\_\_\_\_

Date of change: \_\_\_\_\_  
 # of group members: \_\_\_\_\_

Name of Group \_\_\_\_\_

Old Information GSR Name: \_\_\_\_\_  
 Old Alt GSR or Mail Contact (circle one) \_\_\_\_\_

### New Information

**GSR Name:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_  
 Phone: (     ) \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Newsletter by mail \_\_\_\_\_ or email \_\_\_\_\_

Group Meeting Location: \_\_\_\_\_  
 Meeting Address: \_\_\_\_\_  
 Meeting City and Zip Code: \_\_\_\_\_

### 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  
 3012 W. Wilson Dr.  
 Flagstaff, AZ 86001

\_\_\_\_\_ 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.