

AA GROUP CHANGE FORM

Please type or print clearly and complete all information before submitting.

DELEGATE AREA NO. 20 DISTRICT NO. _____ GROUP SERVICE NO. _____

GROUP NAME: _____
 (** If changing the group name: write NEW NAME next to the name**)

If there is no change to any of the information below write "NO CHANGE" in that field. If a contact position is vacant, write "VACANT" in that field. There cannot be a secondary contact without a primary contact. A secondary contact becomes the primary contact by default if the primary position is vacated at any point.

Meeting Location: _____

Street Address: _____

Town/City: _____ State: _____ Zip Code: _____

Meeting Day(s)	MON.	TUE.	WED.	THUR.	FRI.	SAT.	SUN.
Meeting Time(s)							
Please Indicate: O for Open C for Closed							
Circle One Language(s):	English/00	Spanish/01	French/02	Other/03			

PRIMARY GROUP CONTACT
 (Receives All Group Mail)

- Ok to List this Contact in the GSO Directory
 Is General Service Representative is General Service Representative Alternate is NOT a GSR or GSRA

Name: _____

Number and Street (or P.O. Box Number): _____

Town/City: _____ State: _____ Zip Code: _____

Telephone: () _____ E-mail: _____

SECONDARY GROUP CONTACT

- Ok to List this Contact in the GSO Directory
 Is General Service Representative is General Service Representative Alternate is NOT a GSR or GSRA

Name: _____

Number and Street (or P.O. Box Number): _____

Town/City: _____ State: _____ Zip Code: _____

Telephone: () _____ E-mail: _____

Please Note: Listing in the directory is for twelve step referral and/or requests for meeting information only. Contact names and telephone numbers will be included in the directory in addition to the group's name and service number.

Printed Name of Submitter: _____ Submitter Phone No. for Questions: _____

Group/District/Area Position _____ Date This Form was Completed: _____

To submit form by Email:
niaregistrar@gmail.com

To submit form by Mail:
 Kristen Hill, NIA Registrar
 1201 Ashbrook Dr.
 Mundelein, IL 60060

Mailing Instructions:
 Original to the Registrar
 One copy to the District
 One copy to the Group