

\*\*\*\*\*Special Notice\*\*\*\*\*

After you complete the form online, please print it out, sign and date it, and submit it to your District Committee Member (DCM) at the monthly District Meeting for proper processing. Please do not send these forms directly to the General Service Office (GSO), because this will only delay processing since they will have to be rerouted back to the Area and then to the DCM.

Group Service No. \_\_\_\_\_

Date: \_\_\_\_\_

Delegate Area No. \_\_\_\_\_ District No. \_\_\_\_\_ No. Of Members \_\_\_\_\_

**OLD INFORMATION**

**GROUP NAME:** \_\_\_\_\_

Meeting Location: \_\_\_\_\_

Street: \_\_\_\_\_

City/Town: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Meeting Day**

MON  | TUE  | WED  | THUR  | FRI  | SAT  | SUN

**Meeting Times**

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_

**NEW INFORMATION**

**GROUP NAME:** \_\_\_\_\_

Meeting Location: \_\_\_\_\_

Street: \_\_\_\_\_

City/Town: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Meeting Day**

MON  | TUE  | WED  | THUR  | FRI  | SAT  | SUN

**Meeting Times**

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_

**GENERAL SERVICE REPRESENTATIVE (G.S.R.)**

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  (Check One ✓)**

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City/Town: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**ALTERNATE G.S.R.  OR MAIL CONTACT  (Check One ✓)**

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City/Town: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**If the Group is to be listed in the Directory, please provide a telephone number and mailing address for the G.S.R. Alternate G.S.R., or Group contact. Listing in the Directory is for Twelfth Step referral and/or meeting information. The G.S.R.'s (or other contact) name and telephone number will be included in the Directory with the group's name and service number.**

**OK TO LIST IN THE DIRECTORY**

GSR:  YES  NO

ALTERNATE GSR:  YES  NO

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

*"Our membership ought to include all who suffer from alcoholism. Hence we may refuse none who wish to recover. Nor ought AA membership ever depend upon money or conformity. Any two or three alcoholics gathered together for sobriety may call themselves an AA group, provided that, as a group they have no other affiliation." Tradition Three (the long form)*

*"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 (the long form)*

*"Unless there is approximate conformity to AA's Twelve Traditions, the group...can deteriorate and die." Twelve Steps and Twelve Traditions, page 174*

**PLEASE RETURN TO YOUR DISTRICT COMMITTEE MEMBER FOR PROPER CHANGES TO BE MADE**

**MAIL TO:**

**OFFICER AT LARGE  
80 OLD MILL ROAD  
POTTSVILLE, PA 17901**

**Note: Mailing address expires: Nov., 2012**