
GROUP HISTORY SURVEY

AREA 11 CONNECTICUT

The purpose of the Area 11 Archives Committee is to collect and preserve the history of A.A. in Connecticut. We try to accomplish this task in many ways; one of which is to keep a record of all the A.A. Groups in Connecticut.

The Archives Committee has continued to record the beginnings of A.A. Groups and chronicle the changes that occur to Groups in Area 11, *but we need your help to assure our files are as up-to-date as possible.* There are many Group History Survey recorded at the Archives Center; there are also many Groups that are not. Before submitting this form, completed, to the Archives, please check with our Area Archivist, or your District Archives Representative, to find out if your Group is already on record.

If the Group is *not on record*, please make a Group effort to fill in the following information and provide any other additional information as available. If the Group is *on record*, please provide available Group up-dates.

District _____ Group Name _____

Present Location _____ Street Address _____

City/Town _____

Meeting Day _____ Time _____ AM / PM Group Service # D-07- _____ (pre 1995)

Date Group Began (month, day, year) _____ Group Service # _____ (1995+)

Where did it begin? (if the Group's present location is different from the original meeting place.) _____

Who were involved in the Group's founding?

Full name

Living?

Address / Phone if Applicable & Willing to be Contacted.

PLEASE PROVIDE ANY OTHER INFORMATION KNOWN ABOUT THE GROUP. Use the back of this form or attach additional paper. Tell us about the moves the Group may have made. Does the Group celebrate an Anniversary and if so, what does it do?; if not, why? Does the Group do anything special with it's treasury? Ask an Old-Timer in the Group what it was like at the beginning. Does the Group follow self support suggestions? What are the special characteristics about the Group that makes it a Home Group? Anything.....*Thank you for helping preserve the past for the future!*

Please return completed form to: Your District Archives Chairperson or mail to the following address: Area 11 Archives Repository-112 East Main St. Meriden, CT. 06450

Date _____ Name/Contact Phone, E-mail _____