

CT ALCOHOLICS ANONYMOUS GROUP INFORMATION CHANGE FORM

GSO Group #: _____ GSO Area: 11 District #: _____
 Date Formed: _____ # Members: _____ Today's Date: _____

GROUP INFORMATION

New Group: Existing Group:

Existing or OLD Group Information:

Group Name: _____
 Meeting Location: _____
 Street: _____
 City: _____ State: _____ Zip: _____

Updated or NEW Group Information:

Group Name: _____
 Meeting Location: _____
 Street: _____
 City: _____ State: _____ Zip: _____

What change needs to be made? _____

MEETING INFORMATION

Day	MON	TUE	WED	THU	FRI	SAT	SUN
Start Time							
End Time							
Meeting Type							

Meeting Types – CBB- Closed Big Book, CD- Closed Discussion, CS- Closed Speaker, CSD- Closed Speaker Discussion, CST- Closed Step, CTR- Closed Tradition, OBB- Open Big Book, OD- Open Discussion, OS- Open Speaker, OSD- Open Speaker Discussion, OST- Open Step, OTR- Open Traditions

Language: English ● Spanish ● French ● Other _____

Handicap Accessible? Yes / No **HC Facilities?** Yes / No (Please circle)
 Handicap Accessible = wheelchair access, handicap facilities are special bathrooms with handicap access

Meeting Comments: _____
 (men's, women's, young people's, beginner's, Spanish Speaking meeting room information, ...)

GSR INFORMATION

General Service Representative (GSR)

Name: _____
 Street: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____
 E-mail: _____

Alternate GSR or Contact: (Circle one)

Name: _____
 Street: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____
 E-mail: _____

List in AA's Regional Directory*: Yes / No

List in AA's Regional Directory*: Yes / No

Instructions: Please fill out the form fully. GSO requires a valid name and mailing address.