

# GROUP INFORMATION CHANGE FORM

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

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

<b>Delegate Area: 20</b>	<b>District Number:</b>	<b>Group ID (9 digits):</b>
<b># of Home Group Members:</b>	<b>Submission Date:</b>	<b>Submitted by:</b>
<b>OLD INFORMATION</b>		<b>NEW INFORMATION</b>
GROUP NAME: _____		GROUP NAME: _____
MEETING LOCATION: _____ _____		MEETING LOCATION: _____ _____
Street Address: _____		Street Address: _____
Town/City: _____		Town/City: _____
State: _____ Zip Code: _____		State: _____ Zip Code: _____
Times: _____ Days: _____		Times: _____ Days: _____
<b>Online Only:</b> _____ <b>In Person/Hybrid:</b> _____              Handicap Accessible: _____		<b>Online Only:</b> _____ <b>In Person/Hybrid:</b> _____              Handicap Accessible: _____
PRIMARY CONTACT is:              _____ General Service Representative _____ Alternate General Service Rep. _____ Mail Contact Only		<b>GENERAL SERVICE REPRESENTATIVE is:</b> <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-left: 20px;"> <b>SEND MY GSR KIT TO ME:</b>  <input type="checkbox"/> By mail  <input type="checkbox"/> Electronically         </div>
Name: _____		Name: _____
Street or P.O. Box: _____		Street or P.O. Box: _____
Town/City: _____		Town/City: _____
State: _____ Zip Code: _____		State: _____ Zip Code: _____
Telephone: _____		Telephone: _____
E-mail: _____		E-mail: _____ _____ If you have previously held a service position and _____ your information has changed since then, check here
SECONDARY CONTACT is:              _____ Alternate General Service Rep. _____ Mail Contact Only		<b>SECONDARY CONTACT is:</b> _____ Alternate General Service Rep. _____ Mail Contact Only
Name: _____		Name: _____
Street or P.O. Box: _____		Street or P.O. Box: _____
Town/City: _____		Town/City: _____
State: _____ Zip Code: _____		State: _____ Zip Code: _____
Telephone: _____		Telephone: _____
E-mail: _____		E-mail: _____ _____ If you have previously held a service position and _____ your information has changed since then, check here

Submit completed form to Area 20 Registrar: [registrar@aa-nia.org](mailto:registrar@aa-nia.org)  
 NIA, Ltd. Attn: Registrar, P.O. Box 1511, Palatine, IL 60078

Submit copy of completed form to your District Secretary

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