

CCAA (Area 93) GROUP INFORMATION CHANGE FORM

Group Service Number _____ District # _____ Date of Change _____

Group Name _____

OLD Information

Group Name _____

District Number _____

Meeting Time _____

Meeting Day/s: S__ M__ T__ W__ Th__ F__ S__

Meeting Codes: Open ___ Closed ___ Time _____

Meeting Place _____

Meeting Address _____

NEW Information ONLY

Group Name _____

District Number _____

Meeting Time _____

Meeting Day/s: S__ M__ T__ W__ Th__ F__ S__

Meeting Codes: Open ___ Closed ___ Time _____

Meeting Place: _____

Meeting Address: _____

General Service Representative (GSR)

GSR Name _____

Address _____

City, Zip _____

Phone _____ - _____ - _____

Email _____

GSR Name _____

Address: _____

City, Zip: _____

Phone: _____ - _____ - _____

Email: _____

Alternate General Service Representative (Alt GSR)

Alt GSR Name _____

Address _____

City, Zip _____

Phone _____ - _____ - _____

Email _____

Alt. GSR Name: _____

Address: _____

City, Zip: _____

Phone: _____ - _____ - _____

Email: _____

Group Contact

Contact Name _____

Address _____

City, Zip _____

Phone _____ - _____ - _____

Email _____

Contact Name _____

Address: _____

City, Zip: _____

Phone: _____ - _____ - _____

Email: _____

Permission to list names in GSO Western Directory _____

Number of Voting Home Group members _____

Return this form to your DCM or forward to Area 93 Registrar:

registrar@aaarea93.org