NEW GROUP _____ CHANGES TO GRP _____ Please X which applies

AREA 16 ALCOHOLICS ANONYMOUS GROUP INFORMATION RECORD FORM

In accordance with AA's Sixth Tradition, it is suggested that a group not be named after the facility in which it meets.
(* required field for new groups ** required fields in addition to updated information for existing groups)

****GROUP ID NUMBER** _____ ****DISTRICT/ZONE** _____ ****EFFECTIVE DATE** _____

****GROUP NAME** _____

*Address of Meeting Place _____

*Group P. O. Box # _____

*City Where Group Meets _____Directions to meeting _____

_____

_____

Meeting times: Sun _____/ Mon_____/ Tues_____/ Wed_____/ Thurs_____/ Fri_____/ Sat_____

Closed or Open Meetings _____ # of Members_____

***G.S.R.** _____ Phone# _____
(if no GSR, pls enter a contact name) (Please include area code)

Address_____

Email address_____

ALT. G.S.R. _____ Phone#_____
(Please include area code)

Address_____

SECRETARY _____ Phone#_____

TREASURER _____ Phone#_____

GRAPEVINE REP _____ Phone#_____

PICPC REP _____ Phone#_____

INSTITUTIONAL REP _____ Phone#_____

CORRECTIONAL REP_____ Phone#_____

How many copies of the *Georgia Message* for your group? _____

Your group information will be listed in GSSA's Service Directory and the Eastern States Directory.
Listing in the Eastern States Directory is for 12 Step Referral and/or requests for meeting information.
The GSR's (or other contact) full name and telephone number will be included with the group's name and service number.

OK TO LIST IN THE EASTERN STATES DIRECTORY? ____ Yes ____No

The above information given by: _____Date:_____

"Unless there is approximate conformity to AA's Twelve Traditions, the group … can deteriorate and die." 12 & 12, page 174

PLEASE Mail, eMail or Fax TO:

G.S.S.A
P. O. BOX 7325
MACON, GA 31209

Phone (478)745-2588
FAX (478)745-0238
gssa@bellsouth.net

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