

**DISTRICT 6 of SOUTH FLORIDA AREA 15 ALCOHOLICS ANONYMOUS GROUP INFORMATION CHANGE FORM**

GROUP SERVICE No. \_\_\_\_\_

DATE: \_\_\_\_\_

DELEGATE AREA No. 15

DISTRICT No. 6

No. OF MEMBERS: \_\_\_\_\_

**OLD INFORMATION**

GROUP NAME: \_\_\_\_\_  
In-Person  Hybrid  On-Line Only  (Please check one v)  
Group Meeting Location: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/Town: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

**MEETING DAY**

MON  | TUES  | WED  | THUR  | FRI  | SAT  | SUN

**MEETING TIMES**

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|  
LANGUAGE (Please check one v) ENGLISH  SPANISH  FRENCH  OTHER \_\_\_\_\_

**GENERAL SERVICE REPRESENTATIVE (G.S.R.)**

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/Town: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**ALTERNATE G.S.R.  or MAIL CONTACT  (Please check one v)**

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/Town: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Do you want to receive Area agenda/Minutes Yes  No   
Do you want to receive District agenda/minutes Yes  No   
Does GSR want to receive GSR kit from GSO Yes  No   
If so, does GSR want a digital or hard copy kit? Yes  No

*"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 affiliation." – Tradition Three (the 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 (the long form)*

*"Unless there is appropriate conformity to A.A.'s Twelve Traditions, the group... can deteriorate and die." – Twelve Steps and Twelve Traditions, page 174.*

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**PLEASE SUBMIT TO DISTRICT 6 REGISTRAR AT [registrar@district6aa.org](mailto:registrar@district6aa.org)  
WITH A COPY TO: [registrar@area15aa.org](mailto:registrar@area15aa.org)**

**NEW INFORMATION**

GROUP NAME: \_\_\_\_\_  
In-Person  Hybrid  On-Line Only  (Please check one v)  
Group Meeting Location: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/Town: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

**MEETING DAY**

MON  | TUES  | WED  | THUR  | FRI  | SAT  | SUN

**MEETING TIMES**

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|  
LANGUAGE (Please check one v) ENGLISH  SPANISH  FRENCH  OTHER \_\_\_\_\_

**GENERAL SERVICE REPRESENTATIVE (G.S.R.)**

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/Town: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**ALTERNATE G.S.R.  or MAIL CONTACT  (Please check one v)**

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/Town: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Do you want to receive Area agenda/Minutes Yes  No   
Do you want to receive District agenda/minutes Yes  No   
Does GSR want to receive GSR kit from GSO Yes  No   
If so, does GSR want a digital or hard copy kit? Yes  No