

# 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: 26</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>
<b>GROUP NAME:</b> _____		<b>GROUP NAME:</b> _____
<b>MEETING LOCATION:</b> _____		<b>MEETING LOCATION:</b> _____
Street Address: _____		Street Address: _____
Town/City: _____		Town/City: _____
State: _____ Zip Code: _____		State: _____ Zip Code: _____
Times: _____ Days: _____		Times: _____ Days: _____
<i>In Person/</i>		<i>In Person/</i>
<i>Online:</i> _____ <i>Hybrid:</i> _____ Handicap Accessible: _____		<i>Online:</i> _____ <i>Hybrid:</i> _____ Handicap Accessible: _____
<b>PRIMARY CONTACT is:</b> <input type="checkbox"/> General Service Representative <input type="checkbox"/> Alternate General Service Rep. <input type="checkbox"/> Mail Contact Only		<b>SEND MY GSR KIT TO ME:</b> <input type="checkbox"/> By mail <input type="checkbox"/> Electronically
<b>GENERAL SERVICE REPRESENTATIVE is:</b> Name: _____ Street or P.O. Box: _____ Town/City: _____ State: _____ Zip Code: _____ Telephone: (    ) _____ E-mail: _____		
<b>SECONDARY CONTACT is:</b> <input type="checkbox"/> Alternate General Service Rep. <input type="checkbox"/> Mail Contact Only		Name: _____ Street or P.O. Box: _____ Town/City: _____ State: _____ Zip Code: _____ Telephone: (    ) _____ E-mail: _____
Name: _____ Street or P.O. Box: _____ Town/City: _____ State: _____ Zip Code: _____ Telephone: (    ) _____ E-mail: _____		If you have previously held a service position and your information has changed since then, check here _____ <b>SECONDARY CONTACT is:</b> <input type="checkbox"/> Alternate General Service Rep. <input type="checkbox"/> Mail Contact Only
Name: _____ Street or P.O. Box: _____ Town/City: _____ State: _____ Zip Code: _____ Telephone: (    ) _____ E-mail: _____		Name: _____ Street or P.O. Box: _____ Town/City: _____ State: _____ Zip Code: _____ Telephone: (    ) _____ E-mail: _____
Name: _____ Street or P.O. Box: _____ Town/City: _____ State: _____ Zip Code: _____ Telephone: (    ) _____ 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@area26.net](mailto:registrar@area26.net)  
 Area 26 Attn: Registrar, P.O. Box 50542, Bowling Green, KY 42102-3742

Submit copy of completed form to your District Secretary

Use through 12/31/2023