

Please submit this form - YEARLY - AND - whenever group information changes. Thank you! (For Questions: 405-842-1200 or secretary@aaoklahoma.org)

Please describe briefly the reasons this change form is being submitted. (For example: Update meeting schedule or Report a new GSR)

GROUP'S NAME _____ GSO Area # 57 (State of Oklahoma)

GROUP'S Group Service # _____ District No.: (10, 20, 20SP, 30, 40, 50, 60, 70 or 80) _____ (Both Optional. Can be obtained from the State AA Office)

Estimated NUMBER of MEMBERS who claim this group as their Home Group _____
(The above number is used by our General Service Office (GSO in New York) to count the number of AA members in the world)

GROUP'S MEETING PLACE (Building description) _____ Is this a new meeting place? Yes/No _____

MEETING ADDRESS _____ CITY/TOWN _____ Is this a new meeting address? Yes/No _____
 Directions (if needed) _____

GROUP'S MAILING ADDRESS (if any) _____ CITY/TOWN _____ STATE _____ ZIP _____

GROUP'S MEETING SCHEDULE: (Please follow the example below & indicate whether open or closed / smoking or not / type of meeting)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

PLEASE INDICATE ALL THAT APPLY FOR EACH MEETING:

- 1) O=Open, C=Closed 2) SM=Smoking, NS= Non Smoking
- 3) BB=Big Book, SS=Step Study or 12&12, TR = Traditions, To=Topic, Di=Discussion, SP = Speaker, AB=As Bill Sees It, DR=Daily Reflections, BG=Beginners, CT=Came to Believe, LS=Living Sober, GR=Gratitude, GV=Grapevine, Ot=Other
- 4) H=Handicap Accessible 5) W=Women's Meeting, M=Men's Meeting, S=Spanish, O=Other

Describe changes being to Meeting Schedule: _____

<i>Example:</i>	8pm C-SM-BB-H				8pm-O-NS-SS-H-W	
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Current Group Contact Information

Our Group's Primary Contact is our (pick one)
 GSR, Alt. GSR or Group Contact _____

Our Group's PRIMARY CONTACT is: (This person receives mail for the group from GSO in New York and does not have to be the GSR.)

NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 HOME PHONE _____ CELL PHONE _____
 E-MAIL ADDRESS _____

OK to list this person's full name & phone # in GSO Directory Yes or No _____
 Please indicate which phone number you'd like listed Home or Cell _____
 Wants to receive Group E-mails from State AA Office Yes or No _____
 Would like to receive the Area 57 Newsletter by (pick one) Mail or Email _____
 Is this person willing to be put on the 12th Step Call list Yes or No _____
 Is this person willing to help with Bridge-the-Gap work Yes or No _____

Name of person being replaced _____ & that person's position _____

Our Group's Secondary Contact is our (pick one)
 GSR, Alt. GSR or Group Contact _____

Our Group's SECONDARY CONTACT is:

NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 HOME PHONE _____ CELL PHONE _____
 E-MAIL ADDRESS _____

OK to list this person's full name & phone # in GSO Directory Yes or No _____
 Please indicate which phone number you'd like listed Home or Cell _____
 Wants to receive Group E-mails from State AA Office Yes or No _____
 Would like to receive the Area 57 Newsletter by (pick one) Mail or Email _____
 Is this person willing to be put on the 12th Step Call list Yes or No _____
 Is this person willing to help with Bridge-the-Gap work Yes or No _____

Name of person being replaced _____ & that person's position _____

Return this to: OK AA State Committee Office
 PO Box 18415, Okla. City, OK 73154

PLEASE SEE BACK SIDE OF THIS FORM

Our Group's PHONE CONTACT is:

(This person needs to be DIFFERENT from your Primary Contact and Secondary Contact in case both of those addresses & phone numbers become incorrect.)

NAME _____

HOME PHONE _____ CELL PHONE _____

E-mail Address _____

Name of person being replaced as Phone Contact _____

Is it OK to list this person's full name & phone # in GSO Directory if either the Primary or Secondary Contact doesn't wish to be listed? Yes/No _____

Please indicate which phone number you'd like listed Home/Cell _____

Other Group Contacts:

Group Secretary _____ Phone: _____

Group Treasurer _____ Phone: _____

Date of your Group's Business Meetings: (Optional)

Your Group's Service Reps:

(This INFORMATION will be given to the District Service Committee Chairs and they will contact your Group Service Reps – to find out what they can do to help your Group Service Reps do their jobs. These people will also be added to the list to receive Group E-mails from the State AA Office.). If the people below want the contact numbers, they can call their District Chair or the State AA Office to get them.

Group Archives Rep: Name _____ E-mail _____ Phone _____

Group Bridge-the-Gap Rep: Name _____ E-mail _____ Phone _____

Group C.P.C. Rep: Name _____ E-mail _____ Phone _____

(CPC = Cooperation with the Professional Community)

Group Corrections Rep: Name _____ E-mail _____ Phone _____

Group Grapevine Rep: Name _____ E-mail _____ Phone _____

Group LS&SP Rep: Name _____ E-mail _____ Phone _____

(LS&SP = Language Services & Special Needs)

Group OK Gratitude Plan Name _____ E-mail _____ Phone _____

Group Public Information Rep: Name _____ E-mail _____ Phone _____

Group Technologies Rep: Name _____ E-mail _____ Phone _____

Group Treatment Rep: Name _____ E-mail _____ Phone _____

Intergroup Rep/NECS Delegate: Name _____ E-mail _____ Phone _____

Other E-MAIL CONTACTS:

Other Group Members (different from your Group's Primary or Secondary Contact or the Group Service Reps above) who would like to receive E-mails from the State AA Office: NOTE: A person does not have to hold ANY service position to receive these E-mails.

Name _____ E-Mail _____ Phone _____

Name _____ E-Mail _____ Phone _____

Name _____ E-Mail _____ Phone _____

Name _____ E-Mail _____ Phone _____

Name _____ E-Mail _____ Phone _____

Name _____ E-Mail _____ Phone _____

OTHER CHANGES: (For example - I am the Group's GSR and we no longer meet, so please make our group inactive.)

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Submitted by _____ Date _____ Position _____

E-mail Address _____ Phone Number _____