

# Area 57's (Oklahoma's)

# Group Information Change Form

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

## Current Group Contact Information

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

**\*\*\*\*\*If This Group Is To Be Listed in the GSO Directory, GSO/Area 57 Needs Two Contact People Per Group. This Contact Person Must Be Okay To Have Their Info Listed in GSO Directory\*\*\*\*\***

**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 \_\_\_\_\_  
 Name of Person Being Replaced \_\_\_\_\_ & That Person's Position \_\_\_\_\_

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

**\*\*\*\*\*If This Group Is To Be Listed in the GSO Directory, GSO/Area 57 Needs Two Contact People Per Group. This Contact Person Must Be Okay To Have Their Info Listed in GSO Directory\*\*\*\*\***

**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 Email 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**

Submitted \_\_\_\_\_ Date \_\_\_\_\_  
 by \_\_\_\_\_