

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 |
|--------|--------|---------|-----------|----------|--------|----------|
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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, 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, 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 _____