

To be forwarded to Area 15 Registrar to make updates with the General Service Records Department

Area 15 Production Date

Printed Date: 12/31/2010

Group Status Unknown

Source of Data: FNV (GSO)

Area 15 Group Svc # 0000000 1<sup>st</sup> Met \_\_\_\_\_  
District \_\_\_\_\_ # of Members: \_\_\_\_\_ Last Changed: \_\_\_\_\_

**Existing Group Information**

**Updated Group Information**

Grp Name: \_\_\_\_\_ Grp Name: \_\_\_\_\_  
Mtg Loc: \_\_\_\_\_ Mtg Loc: \_\_\_\_\_  
Street: \_\_\_\_\_ Street: \_\_\_\_\_  
City/St/Zip: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

**Meeting Times**

	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Existing							
Changes							

If Existing Contacts have not changed please indicate on right side same / no change



**Existing Primary Contact**

**New General Service Rep (GSR)**

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Street: \_\_\_\_\_ Street: \_\_\_\_\_  
City/St/Zip: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_  
Is GSR: \_\_\_\_\_ Is GSR?: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_  
OK to list in Directory? \_\_\_\_\_ OK to list in Directory? Yes ☐ No ☐  
Receives GSO Mailings? \_\_\_\_\_ Receive Area 15 Minutes E-Mail Yes ☐ No ☐

**Mark Boxes**

→→→→ Post Yes ☐ No ☐

If the Group is to be listed in the Directory, please provide a telephone number and mailing address for the GSR, Alternate GSR or Group contact. Listing in the Directory is for Twelfth Step referral and/or for meeting information. The GSR's (or other contact) name and telephone number will be included in the Directory with the group's name and service number.

**Existing Secondary Contact**

**New Alternate GSR ☐ Or New Mail Contact ☐**

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Street: \_\_\_\_\_ Street: \_\_\_\_\_  
City/St/Zip: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_  
OK to list in Directory? \_\_\_\_\_ OK to list in Directory? Yes ☐ No ☐  
Receives GSO Mailings? \_\_\_\_\_ Receive Area 15 Minutes E-Mail Yes ☐ No ☐

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE RETURN TO: Area 15 Registrar PO Box 206 Bradenton, FL 34206-0206, [registrar@area15aa.org](mailto:registrar@area15aa.org)