

GROUP INFORMATION UPDATE FORM

PLEASE COMPLETE BOTH SIDES AND RETURN TO:

New York Inter-Group
307 Seventh Avenue – Room 201
New York, NY 10001-6007
Telephones: (212) 647-1680, (914) 949-1200
Fax: (212) 647-1648 Web Site: www.nyintergroup.org

OFFICE USE ONLY: DATE: _____

Please list below the times and location of your group's meetings. Specify the **TIME** and **TYPE** of meetings; and any special directions. Fill in below and on the reverse side your group's current officers and Twelfth-Step contacts. Please complete both sides and return this form to New York Inter-Group. **THANKS!!**

Group Name: _____

Meeting Place: _____

Address: _____

Borough/City/Zip Code: _____

Cross Street, Floor, and Room #: _____

Building & Room Access Bathroom(s)

Is your meeting place wheelchair accessible for the following? YES___NO___ YES___NO___

Is your meeting interpreted for the deaf? YES___NO___

PLEASE CHECK APPROPRIATE BOX

New Group
 Address Change
 Meeting Schedule Change
 Group Officer Update
 Group Name Change

New Group's First Meeting Date: _____

MEETING DAY	<u>Beginners</u> Meeting Time	<u>Big Book</u> Meeting Time	<u>Closed Discussion</u> Meeting Time	<u>Open</u> Meeting Time	<u>Open Discussion</u> Meeting Time	<u>Step</u> Meeting Time	<u>Other</u> Meeting Time
SUNDAY							
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							

PLEASE COMPLETE OTHER SIDE

PLEASE PRINT CLEARLY

SECRETARY

First Name _____ Last Name _____ *
Address _____ Apt # _____
City _____ State _____ Zip Code _____
Home Phone () _____ Msg Ok _____
Other Phone () _____ Msg Ok _____

INTER-GROUP DELEGATE

First Name _____ Last Name _____ *
Address _____ Apt # _____
City _____ State _____ Zip Code _____
Home Phone () _____ Msg Ok _____
Other Phone () _____ Msg Ok _____

E-Mail Address: _____

TREASURER

First Name _____ Last Name _____ *
Address _____ Apt # _____
City _____ State _____ Zip Code _____
Home Phone () _____ Msg Ok _____
Other Phone () _____ Msg Ok _____

GROUP CHAIRPERSON

First Name _____ Last Name _____ *
Address _____ Apt # _____
City _____ State _____ Zip Code _____
Home Phone () _____ Msg Ok _____
Other Phone () _____ Msg Ok _____

ALTERNATE INTER-GROUP DELEGATE

First Name _____ Last Name _____ *
Address _____ Apt # _____
City _____ State _____ Zip Code _____
Home Phone () _____ Msg Ok _____
Other Phone () _____ Msg Ok _____

E-Mail Address: _____

TWELFTH-STEP CONTACTS

Please list your group's Twelfth-Step contacts. *Do not list group officers in this section; they are automatically included on your group's Twelfth-Step contact list.* The sobriety requirement is to be determined by the group.

GROUP OFFICERS AND TWELFTH-STEP CONTACTS' INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL.

If you have an answering machine, please indicate whether New York Inter-Group volunteers can leave a message.

<u>NAME</u> <u>(last name helpful but optional)</u>	<u>Home Phone</u>	<u>Can we leave a message?</u>

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