

ADD / CHANGE / VERIFY MEETING FORM

Thank you for keeping NY Inter-Group up-to-date so we can make sure those in need can find a meeting!

Date: ____/____/____
MM DD YYYY

Section 1: Please tell us the reason for submitting this form (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Add a new meeting for a Group | <input type="checkbox"/> Group Officer Update |
| <input type="checkbox"/> Meeting location change | <input type="checkbox"/> Error on Web Site |
| <input type="checkbox"/> Meeting day or time change | <input type="checkbox"/> Error in Meeting Book (page ____) |
| <input type="checkbox"/> Meeting Type or Special Interest Change | <input type="checkbox"/> No change – verifying info is accurate |

Section 2: Form Submitted by

Name (First and Last): _____

Position (Member, Chairperson, Treasurer, etc.): _____

Phone: () _____ - _____ Email: _____

Section 3: Group and Meeting Location Information

NY Inter-Group Number: _____ (available on www.nyintergroup.org or call (212) 647-1680)

Group Name: _____

Borough/Region (e.g., Manhattan, Westchester, Suffolk, etc.): _____

Building Name: _____ Wheelchair Accessible? Yes No

Street Address: _____

City: _____ State: _____ Zip: _____

Location Notes (e.g., Parish House, 2nd Fl, etc.): _____

Weekday: _____ Start Time: _____ AM /PM (Circle One) End Time: _____ AM /PM (Circle One)

Section 4: Meeting Type and Special Interest

- Closed or Open Meeting (check one): Closed Open
- Meeting Type (if applicable): Beginner Big Book Step Tradition
- Other Special Interest (if applicable):
- | | | | |
|--|-------------------------------------|--|---|
| <input type="checkbox"/> Atheist / Agnostic | <input type="checkbox"/> French | <input type="checkbox"/> Meditation | <input type="checkbox"/> Topic Discussion |
| <input type="checkbox"/> Babysitting Available | <input type="checkbox"/> Gay | <input type="checkbox"/> Men | <input type="checkbox"/> Transgender |
| <input type="checkbox"/> Child-Friendly | <input type="checkbox"/> Grapevine | <input type="checkbox"/> Sign Language | <input type="checkbox"/> Women |
| <input type="checkbox"/> Candlelight | <input type="checkbox"/> Lesbian | <input type="checkbox"/> Smoking Permitted | <input type="checkbox"/> Young People |
| <input type="checkbox"/> Concurrent with Al-Anon | <input type="checkbox"/> Literature | <input type="checkbox"/> Spanish | |
| <input type="checkbox"/> Concurrent with Alateen | <input type="checkbox"/> LGBTQ | <input type="checkbox"/> Speaker | |

Meeting Notes (e.g., Anniversary last Sunday): _____



INTER-GROUP
ASSOCIATION OF A.A.
OF NEW YORK, INC.

Section 5: Group Officer Update

1 - GROUP CHAIRPERSON

First Name: _____
Last Name: _____
Address: _____
City: _____ State: _____
Zip Code: _____
Phone: _____
Email: _____

4 - ALTERNATE INTER-GROUP DELEGATE

First Name: _____
Last Name: _____
Address: _____
City: _____ State: _____
Zip Code: _____
Phone: _____
Email: _____

2 - SECRETARY

First Name: _____
Last Name: _____
Address: _____
City: _____ State: _____
Zip Code: _____
Phone: _____
Email: _____

5 - TREASURER

First Name: _____
Last Name: _____
Address: _____
City: _____ State: _____
Zip Code: _____
Phone: _____
Email: _____

3 - INTER-GROUP DELEGATE

First Name: _____
Last Name: _____
Address: _____
City: _____ State: _____
Zip Code: _____
Phone: _____
Email: _____

Return completed form to:
New York Inter-Group
307 Seventh Avenue
Suite 201
New York, NY 10001
Email: groupsandmeetings@nyintergroup.org
Fax: 212-647-1648
Phone: 212-647-1680

Section 6: Twelfth Step Contacts (One year continuous sobriety required)

- 1) First Name: _____ Last Name: _____
Phone: _____ Email: _____
- 2) First Name: _____ Last Name: _____
Phone: _____ Email: _____
- 3) First Name: _____ Last Name: _____
Phone: _____ Email: _____
- 4) First Name: _____ Last Name: _____
Phone: _____ Email: _____

Signature of person completing form:

_____ Date Submitted: ____/____/____

***** SECTION FOR OFFICE USE ONLY *****

Date Received:	Website Updated On:	Completed:
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