



Rochester Intergroup Archives

HAVE YOU SENT IN YOUR
GROUP INFORMATION REQUEST FORM?
PLEASE SEND TO THE ARCHIVE COMMITTEE
SO YOUR GROUP'S HISTORY WILL BE PRESERVED!

GROUP NAME: _____

PREVIOUS NAME: _____

Current Meeting Place (street address also): _____

Original Meeting Place (street address also): _____

MEETING DAY: _____ **TIME:** _____ **OPEN?** _____ **CLOSED?** _____

ORIGINAL MEETING DAY/TIME: _____ **OPEN?** _____ **CLOSED?** _____

FOUNDING MEMBERS NAMES: _____

FIRST MEETING DATE: _____

WHY WAS THE MEETING STARTED? _____

INTERESTING FACTS ABOUT YOUR MEETING:

(Guest speakers, outside speakers, notes about the founders, etc.)

PERSON GIVING INFORMATION: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

Extra Info: _____

Drop off at Central Office or send to
ViaHealth Archives Consortium 333 Humboldt St. Rochester N.Y. 14610 Attn: Intergroup
Archivist or email to rjackson1@aol.com