

GROUP / MEETING LIST / SECRETARY / TREASURER / GOR INFORMATION UPDATE SHEET

TODAY'S DATE: _____

Use this update sheet to provide current information to the Rochester Central Office. Please provide as much information as possible to insure that the Central Office has the latest data in all areas. You **MUST** complete the information for **Group Name and the day/time** your group meets in order for the Office to process the changes.

GROUP NAME: _____

Please fill in the time of day that your group meets for each day of the week that you meet. If your Group meets on different days of the week, put the meeting time in each of the days your group meets.

| | | | | | | | |
|--------------|-----|-----|------|-----|-------|-----|-----|
| Day of Week: | SUN | MON | TUES | WED | THURS | FRI | SAT |
| Time of Day: | | | | | | | |

EXAMPLE: A Group that meets at 8:00 PM on Mondays and at 7:30 PM on Thursdays looks like this:

| | | | | | | | |
|--------------|-----|---------|------|-----|---------|-----|-----|
| Day of Week: | SUN | MON | TUES | WED | THURS | FRI | SAT |
| Time of Day: | | 8:00 PM | | | 7:30 PM | | |

Please check one in each category: The meeting is: OPEN OR CLOSED
 SMOKING OR NON-SMOKING

Please check one if it applies: The meeting is: MEN ONLY OR WOMEN ONLY

Please check the type(s) of meeting your Group has:

- | | | |
|---|---|--|
| <input type="checkbox"/> Discussion Meeting | <input type="checkbox"/> Speaker Meeting | <input type="checkbox"/> Grapevine Meeting |
| <input type="checkbox"/> 12 Step Meeting | <input type="checkbox"/> 12 Traditions Meeting | <input type="checkbox"/> Steps & Traditions Mtg. |
| <input type="checkbox"/> Big Book Meeting | <input type="checkbox"/> 1 st Step Meeting | <input type="checkbox"/> Beginner's Meeting |

Please check any of the following that apply to your meeting:

- | | | |
|---|---|---|
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Gay | <input type="checkbox"/> Treatment Meeting |
| <input type="checkbox"/> Hearing Impaired Interpreters or ASL | <input type="checkbox"/> Handicap Accessible Facilities | <input type="checkbox"/> Child Care Available |
| <input type="checkbox"/> Alanon Meeting at the same time | <input type="checkbox"/> Alateen Meeting at the same time | |

Please Print Neatly to prevent errors !!! J

This is how your group will be listed on the "Meeting List" for Greater Rochester. Use the current list as your guide. (This is not a mailing address – this information is used to locate the meeting):

| | | |
|---|--|----------------------------------|
| Name of the Place your Group meets (church, hall, center, school, etc.): | | Example: Holy God Church Hall |
| Exact Street Address where your group meets (such as "125 Main St"): | | 125 Main Street |
| Town or City where your group meets: (not necessarily mailing address) | | Henrietta, New York |

GROUP SECRETARY INFORMATION:

This information is confidential to the Intergroup Central Office and will **NOT** be released to anyone else for any reason. This information is used only to contact the Group secretary and to insure proper delivery of the monthly mailing:

| | |
|-------------------------------------|--|
| Group Secretary's Name and Address: | Monthly Newsletter / Mailing Label: |
| Name: | Name: |
| Address: | Address: |
| City, State, Zip: | Address: |
| Phone (include area code): | City, State, Zip: |

Please Complete Both Pages of this Form

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GROUP TREASURER INFORMATION:

This information is confidential to the Intergroup Central Office and will NOT be released to anyone else for any reason.
 This information is used only to contact the Group treasurer to insure proper accounting of the group's donations:

| |
|-------------------------------------|
| Group Treasurer's Name and Address: |
| Name: |
| Address: |
| City, State, Zip: |
| Phone (include area code): |

GROUP OFFICE REPRESENTATIVE AND ALTERNATE GOR INFORMATION:

This information is confidential to the Intergroup Central Office and will NOT be released to anyone else for any reason.
 The information is used only to contact the Group Office Representative regarding Intergroup business:

| Group Office Representative's Name and Address: | Alternate Group Office Representative's Name & Address: |
|---|---|
| Name: | Name: |
| Address: | Address: |
| City, State, Zip: | City, State, Zip: |
| Phone (include area code): | Phone (include area code): |
| E-Mail Address: | E-Mail Address: |

GENERAL SERVICE OFFICE INFORMATION:

What is your Group's GSO number (assigned by the G.S.O. in New York City): _____

GROUP ANNIVERSARY INFORMATION:

What is the date your group started? The month and year: _____

Notes, comments, or other information for the Office:

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