

AA Group Change Form

This is a New Change Cancel
(please check one)

Today's Date: ___/___/200__

I want to change:

- Group Name
- Meeting Day
- Meeting Time

- Meeting Location
- Meeting Format
- Smoking Status
- Other

Change From: _____

To: _____

Meeting/Group Information:

Group name: _____

Meeting Day: _____ Meeting Time: _____

Meeting Location: _____

Cross Streets: _____

Meeting Format: (please check all that apply)

- Open
- Closed
- Discussion
- Lesbian
- Gay
- Spanish Speaking
- Other: _____

- Speaker
- Step Study
- Tradition Study
- Big Book Study
- Women Only
- Men Only
- Smoking

Contact Person: (please supply all information - where possible)

Contact name: _____

Email: _____ Phone: _____

Other Information: _____