

MEETING LIST UPDATE FORM

Whenever possible, this form should be completed by the Group Service Representative (GSR,) another trusted servant of the group, or the Area Service Regional Committee Member (RCM.)

Remove this form and fill it out. Try to be as complete and thorough as possible. When it is complete, please send it to the Greater New York Region by one of the methods described on the back of this page.

Today's Date: _____ Your Telephone Number: _____

Your Name: _____

Your Service Position (if applicable): _____

Please check the box that most accurately describes the update:

Add a New Meeting Group No Longer Meets Change Meeting Information

NOTE: If changing meeting information, please indicate the information that has changed.

If referring to a listed meeting, please indicate the page # on which the meeting appears: _____

How many other meetings appear on the same page **above** this meeting? _____

Group Name: _____

Location (i.e. A building name): _____

Street Address: _____

Location Info (i.e. Cross-street, room no.): _____

Town and/or Neighborhood: _____

County or New York City Borough: _____

Zip Code (**REQUIRED**): _____

Meets Every (Check the day[s] that apply):

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Time of Meeting: _____ (indicate AM/PM)

Area Service Affiliation: _____

Regional Service Affiliation: _____

Meeting Notes: _____

Format and Special Interest:

Please read the format codes at the start of this list, and use them to indicate the meeting format. For example, a wheelchair accessible closed discussion step meeting is C,D,St,WC. Please note any special interest not covered by the format code.

Format: _____