

CCAA (Area 93) GROUP INFORMATION CHANGE FORM

Group Service Number \_\_\_\_\_ Date of Change \_\_\_\_\_

Group Name \_\_\_\_\_

**OLD Information**

**NEW Information ONLY**

Group Name _____	_____
District Number _____	_____
Meeting Time _____	_____
Meeting Day/s _____	_____
Meeting Codes: Open ___ Closed ___	Open ___ Closed ___
Meeting Place _____	_____
Meeting Address _____	_____
_____	_____

General Service Representative (GSR)

GSR Name _____	_____
Address _____	_____
City, Zip _____	_____
Phone _____ - _____ - _____	_____ - _____ - _____
Email _____	_____

Alternate General Service Representative (Alt GSR)

Alt GSR Name _____	_____
Address _____	_____
City, Zip _____	_____
Phone _____ - _____ - _____	_____ - _____ - _____
Email _____	_____

Group Contact

Contact Name _____	_____
Address _____	_____
City, Zip _____	_____
Phone _____ - _____ - _____	_____ - _____ - _____
Email _____	_____

Permission to list in names in GSO Western Directory \_\_\_\_\_  
Number of Voting Home Group members \_\_\_\_\_

**Return this form to your DCM or forward to Area 93 Registrar at [registrar@area93.org](mailto:registrar@area93.org)**