

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 _____

Meeting Codes _____

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:

Robert H.

44908 N 16th St West

Lancaster, CA 93534

CCAA AREA 93 REGISTRAR

registrar@aaarea93.org