

BC/YUKON AREA 79 Alcoholics Anonymous Group & Meeting Information Change Form

GROUP SERVICE No. _____

DATE: _____

DELEGATE AREA No. _____

DISTRICT No. _____

No. OF MEMBERS _____

OLD INFORMATION

GROUP NAME _____

Meeting Information

Group Meeting Location: _____

Street: _____

City/Town: _____

State/Prov _____ Zip/PC _____

IP In Person H Hybrid VMP Virtual Meeting Platform

Meeting ID: _____

Meeting Password: _____

MEETINGDAY		LANGUAGE				
Mon <input type="checkbox"/>	Tue <input type="checkbox"/>	Wed <input type="checkbox"/>	Thu <input type="checkbox"/>	Fri <input type="checkbox"/>	Sat <input type="checkbox"/>	Sun <input type="checkbox"/>
CODES	CODES	CODES	CODES	CODES	CODES	CODES
MEETING TIME						
BB <input type="checkbox"/>	Big Book	H <input type="checkbox"/>	Hospital	S <input type="checkbox"/>	Step	
C <input type="checkbox"/>	Closed	I <input type="checkbox"/>	Institution	T <input type="checkbox"/>	Traditions	
D <input type="checkbox"/>	Discussion	O <input type="checkbox"/>	Open	WA <input type="checkbox"/>	Wheelchair	

GENERAL SERVICE REPRESENTATIVE (GSR)

Name: _____

Street: _____

City/Town: _____

State/Prov _____ Zip/PC _____

Tel _____ Email _____

ALTERNATE GSR or MAIL CONTACT

Name: _____

Street: _____

City/Town: _____

State/Prov _____ Zip/PC _____

Tel _____ Email _____

NEW INFORMATION

GROUP NAME _____

Meeting Information

Group Meeting Location: _____

Street: _____

City/Town: _____

State/Prov _____ Zip/PC _____

IP In Person H Hybrid VMP Virtual Meeting Platform

Meeting ID: _____

Meeting Password: _____

MEETINGDAY		LANGUAGE				
Mon <input type="checkbox"/>	Tue <input type="checkbox"/>	Wed <input type="checkbox"/>	Thu <input type="checkbox"/>	Fri <input type="checkbox"/>	Sat <input type="checkbox"/>	Sun <input type="checkbox"/>
CODES	CODES	CODES	CODES	CODES	CODES	CODES
MEETING TIME						
BB <input type="checkbox"/>	Big Book	H <input type="checkbox"/>	Hospital	S <input type="checkbox"/>	Step	
C <input type="checkbox"/>	Closed	I <input type="checkbox"/>	Institution	T <input type="checkbox"/>	Traditions	
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GENERAL SERVICE REPRESENTATIVE (GSR)

Name: _____

Street: _____

City/Town: _____

State/Prov _____ Zip/PC _____

Tel _____ Email _____

ALTERNATE GSR or MAIL CONTACT

Name: _____

Street: _____

City/Town: _____

State/Prov _____ Zip/PC _____

Tel _____ Email _____

1. If the Group is to be listed in the US/Canada Directory, please provide a telephone number and mailing address for the G.S.R., Alternate G.S.R. or Group contact. Listing in the Directory is for Twelfth Step referral and/or for meeting information. The G.S.R.'s (or other contact) name and telephone number will be included in the Directory with the group's name and service number.

2. OK TO LIST IN DIRECTORY? YES NO

Do you wish to receive materials from BC/Yukon Area 79 General Service Committee via email?

If yes, please reconfirm your email address here: _____

Signature: _____

Date: _____

IF SUBMITTING VIA REGULAR MAIL PLEASE RETURN TO:

BCYUKON AREA 79 - ATTENTION REGISTRAR
PO BOX 42114, VANCOUVER, BC, V5S 4R5

IF SUBMITTING VIA EMAIL PLEASE DIRECT TO:

registrar@bcyukonaa.org