



GROUP UPDATE FORM

If the group is being registered for the first time, please use the New Group Registration Form

Please complete all information & print clearly!

Group Code

Today's Date

Group Name

This group was formed (month/year)

This group holds

meeting(s) per week

Area Name

Region Name

Group Mailing Address

OLD

NEW

Group Name

Contact

Address

City

State/Providence

Zip/Postal


Country

Phone ()

()

Group's Meeting Information

Please indicate (O for open) (C for closed) next to meeting days below

Meeting Days	Sun	Mon	Tues	Wed	Thur	Fri	Sat
Meeting Time							
Language(s)							
Format							
							
Average weekly attendance							

Meeting Location

OLD

NEW

Place

Address

City

Borough

State/Providence

Zip/Postal

Country

If this meeting is held in a correctional or treatment facility, what is the special criteria for entry?