

Date: _____

Chicago Area Service Office
Group Add/Change/Delete Form

PLEASE USE THIS FORM TO ADD A GROUP, CHANGE GROUP INFORMATION OR DELETE A GROUP
****YOUR GROUP MUST HAVE A CONTACT PERSON FOR INCLUSION IN DIRECTORIES.****

ADD NEW GROUP

MEETING NUMBER WILL BE ASSIGNED AND MAILED TO YOUR GROUP REPRESENTATIVE

Do you want your group/meeting listed in the Directory? **Yes No**

Is your group/meeting closed? (for alcoholics only) **Yes No**

If "YES" do you have a monthly open? _____

Do you want your **CLOSED** group/meeting listed on the Web? **Yes No**
(OPEN MEETINGS are listed automatically)

Does your meeting have literature? **Y N** If so, do you want it noted in the Directory? **Y N**

Do you want your meeting listed in the Eastern U.S. Directory printed by the General Service Office in New York? **Yes No**

(Listing in this directory is for Twelfth Step referral and/or for meeting information. The GSR's (or other contact) name and telephone number will be included in the directory with the Group's name and service number.)

Please provide the following information. PLEASE PRINT LEGIBLY.

Meeting Day: _____ Time: _____ AM / PM

Group Name: _____

(AA's Traditions suggest that a group not be named after a facility or member (living or deceased), and that the name of a group not imply affiliation with any sect, religion, organization or institution.)

Name of building or location: (if applicable) _____

Exact Street Address: _____

City/St/Zip: _____ Major Cross Street(s) _____

Any Additional Info. (ie. Enter on side, mtg. in basement) _____

(Because of space limitations in directory, abbreviations will be used when necessary.)

Contact ---- Name: _____

Address*: _____ City _____ Zip _____

Phone*: _____ Position w/group**: _____

Signature: _____ Email: _____

Please note: While you must have a contact to be listed in the directory, groups must have a registered Group Service Representative (GSR) in order to be officially registered with the Chicago Area Service Assembly (CASA). The number of officially registered groups will determine the number of voting delegates to CASA from your district. Each group is allowed one GSR and one alternate GSR. *Address and phone number required.

PLEASE SEE BELOW FOR CODES AND ABBREVIATIONS

Please check all that apply:

MARGIN CODES
<input type="checkbox"/> (A) Atheist/Agnostic (Quad A)
<input type="checkbox"/> (B) Breakfast
<input type="checkbox"/> (H) Handicap Accessible
<input type="checkbox"/> (I) Interpreted (D/HI)
<input type="checkbox"/> (Y) Child Care
<input type="checkbox"/> (K) Beginners
<input type="checkbox"/> (T) Teen/Young People
<input type="checkbox"/> (G) Gay (Men)
<input type="checkbox"/> (L) Lesbian
<input type="checkbox"/> (M) Men Only
<input type="checkbox"/> (W) Women Only
<input type="checkbox"/> (O) Open
<input type="checkbox"/> (N) Non Smoking
<input type="checkbox"/> (S) Smoking
<input type="checkbox"/> (P) Polish
<input type="checkbox"/> (E) Spanish
<input type="checkbox"/> Other _____

Use reverse side of form for changing or deleting groups

WE CANNOT ACCEPT INFORMATION BY PHONE.

CASO/ATTN: Group Changes

180 N Wabash Ave, Ste 305

Chicago IL 60601

Fax #: 312-346-5477

Email: groupservices@chicagoaa.org

****This form does not automatically register an individual as your GSR/Alternate GSR. Please use the Group Officer Registration Form.**

Group Add/Change/Delete Form (Page 2)

CHANGE IN GROUP INFORMATION Please provide the following information:
Group #: _____ (can be located in directory)
Meeting Name: _____
What information is changing?
OLD INFO: Day: _____ Time: _____ Location: _____
NEW INFO: Day: _____ Time: _____ Location: _____ Address: _____ City, State, Zip _____ Meeting Name: _____
Information submitted by: Name: _____ Phone #: _____ Address: _____ City, State, Zip _____ Position w/group: _____ Signature: _____

(If group is listed in the directory, changes will be reflected in the next printing.)

DELETE GROUP Please provide the following information:
Group #: _____ Day: _____ Time: _____
Meeting Name: _____
Location: _____
Was group listed in directory? YES NO
Last Date Group will meet: ____/____/____
Information submitted by: Name: _____ Phone #: _____ Position w/group: _____ Signature: _____

Mail or fax completed forms to:
CASO/ATTN: Group Changes
180 N Wabash Ave, Ste 305
Chicago IL 60601
Fax #: 312-346-5477
Email: groupservices@chicagoaa.org

If you have any questions regarding this form please call (312) 346-1475, Monday – Friday 9AM-5PM

If you do not receive confirmation of these changes/additions within 30 days, please contact us.