



Alcoholics Anonymous Group Information Form
Naples Area Intergroup

GROUP SERVICE No. _____ DATE: _____

DELEGATE AREA No. 15; DISTRICT No. 7; No. of MEMBERS _____
(approximate)

CURRENT INFORMATION

GROUP NAME _____

Group Meeting Location: _____

Street Address _____

City _____ State _____ ZIP _____

MEETING DAY: MON ___ TUE ___ WED ___ THU ___ FRI ___ SAT ___ SUN ___

MEETING TIMES: _____

MEETING TYPE: _____
(see codes to right)

GENERAL SERVICE REPRESENTATIVE (G.S.R.)

Name _____
Street _____
City _____ State _____ ZIP _____
Telephone () _____ EMAIL _____

ALTERNATE G.S.R. ___ or MAIL CONTACT ___ CHECK ONE

Name _____
Street _____
City _____ State _____ ZIP _____
Telephone () _____ EMAIL _____

Intergroup Rep: _____ Phone _____

EMAIL: _____

Chairman Name: _____ Phone _____

EMAIL: _____

Secretary Name: _____ Phone _____

EMAIL: _____

Treasurer Name: _____ Phone _____

EMAIL: _____

MEETING TYPES:	
ABSI	AS BILL SEES IT
B	BEGINNERS
BB	BIG BOOK
C	CLOSED
CTB	CAME TO BELIEVE
D	DISCUSSION
DR	DAILY REFLECTIONS
G/L	GAY/LESBIAN
LOL	LANGUAGE OF HEART
GV	GRAPEVINE
LS	LIVING SOBER
M	MEN
O	OPEN
OD	OPEN DISCUSSION
SP	SPEAKERS
SPA	SPANISH SPEAKING
ST	STEP
TR	TRADITIONS
W	WOMEN
YP	YOUNG PEOPLE