

# IMPORTANT!

## NEW ADDRESSES

Please share with your groups

### SEND CONTRIBUTIONS TO:

Pay to the Order of **NFAC** \$ \_\_\_\_\_ Dollars

Bank District: X Group # XXXXXX

For \_\_\_\_\_

000000000 0323456789

NFAC  
 5703 Red Bug Lake Road  
 Unit 241  
 Winter Springs FL 32708

treasurer@aanorthflorida.org

### SEND GROUP CHANGE FORMS TO:

U.S. and Canada Alcoholics Anonymous Group Information Change Form

To be forwarded to Area 14 Registrar to make updates to General Service Office records. Please provide as much information as possible.

Area	14	Group Service Number	Date
District		Group Start Date	Number of Members

Old Group Information		New Group Information	
Name:		Name:	
Location:		Location:	
Street:		Street:	
City/St/Zip:		City/St/Zip:	
Phone:		Phone:	

Meeting Day and Time

Meeting Day	SUN <input type="checkbox"/>	MON <input type="checkbox"/>	TUES <input type="checkbox"/>	WED <input type="checkbox"/>	THU <input type="checkbox"/>	FRI <input type="checkbox"/>	SAT <input type="checkbox"/>
Meeting Time							
Type of Meeting							

LANGUAGE: ENGLISH  SPANISH  FRENCH  OTHER

Old General Service Rep (GSR)		New General Service Rep (GSR)	
Name:		Name:	
Street:		Street:	
City/St/Zip:		City/St/Zip:	
Phone:		Phone:	
Email:		Email:	

OK to list in A.A. Regional Directory? Yes  No   
 Receive Area 14 Minutes by: Email  USPS

If the Group is to be listed in the Directory, please provide a telephone number and mailing address for the GSR, Alternate GSR or Group Mail Contact. Listing in the 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 group service number.

Old Alt. GSR or Old Mail Contact		New Alt. GSR <input type="checkbox"/> or New Mail Contact <input type="checkbox"/>	
Name:		Name:	
Street:		Street:	
City/St/Zip:		City/St/Zip:	
Phone:		Phone:	
Email:		Email:	

OK to list in A.A. Regional Directory? Yes  No   
 Receive Area 14 Minutes by: Email  USPS

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return this form to North Florida Registrar: Registrar, PO Box 372926, Satellite Beach, FL 32937 or registrar@aanorthflorida.org

Registrar  
 P. O. Box 15504  
 Brooksville FL 34604

registrar@aanorthflorida.org