



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/Province	
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/Province	
Zip/Postal	
Country	

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