

Meeting List / Group Information Form

Please furnish ALL information requested. Incomplete forms cannot be processed.

All personal information will be kept strictly confidential.

All groups are required to submit this form every year prior to October 1st.

Today's Date	
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✓ Check ALL that apply

<input type="checkbox"/> Yearly Update	<input type="checkbox"/> New Group	<input type="checkbox"/> Format Change	<input type="checkbox"/> Address Change	<input type="checkbox"/> Add Meeting
<input type="checkbox"/> Contact Update	<input type="checkbox"/> Group Name Change	<input type="checkbox"/> Time Change	<input type="checkbox"/> Handicap Access	<input type="checkbox"/> Remove Meeting
	<input type="checkbox"/> Remove Group	<input type="checkbox"/> Day Change	<input type="checkbox"/> Special Instructions	

Group Information			
This is the mailing address for your group, not meeting address.			
If you are only updating your contact with the SIA office then please only fill in this box.			
Group Name			
Mailing Address			
City		Zip	
Contact information below will be used to verify the information on this form.			
Contact Person		Phone	
E-mail Address			

• OLD Listing – AS LISTED on the current meeting list – NEW Groups Leave Blank

Group Name						
Meeting Place Name						
Meeting Place Address						
Meeting Place City		Meeting Place Zip				
Special Instructions						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

• NEW Listing – This is what will be listed on the printed list.

Proper meeting place address is imperative, if you do not know the entire address please ask your meeting place for their street address.					Effective Date	
Group Name						
Meeting Place Name						
Meeting Place Address						
Meeting Place City		Meeting Place Zip				
Special Instructions						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Abbreviations- O=Open; OD=Open Discussion; CD=Closed Discussion; C=Closed; S=Step; T=Tradition; BB=Big Book; B=Beginners; M=Men's Meeting; W=Women's Meeting; YP=Young People; ASL=Sign Lang Avail; DR=Daily Reflections; GV=Grapevine; GLBT=Gay, Lesbian, Bisexual, Transgender; SP=Spanish Noon=Noon; Midnight=midnight; AM must be indicated; All meetings listed as Non-smoking; No Restricted meetings are listed.

MAIL COMPLETED FORM TO: Suffolk Intergroup Association, PO Box 659, Patchogue, NY 11772

FAX COMPLETED FORM TO: 631-654-1110

E-MAIL COMPLETED FORM TO: meetings@suffolkny-aa.org

OFFICE USE ONLY			
Received By:	Meeting List Chair	Web Chair	Corresponding Secretary