

**GROUP REGISTRATION / AMENDMENT FORM** DATE: \_\_\_\_\_

*Please return completed form to:*

**GSO AA, PO Box 1, 10 Toft Green, York YO1 7NJ.**

*Please tick where appropriate:*

**First registration**  **Date of 1<sup>st</sup> mtg** \_\_\_\_\_

**Amend registered group**

**If change of time/day/venue** Date of change \_\_\_\_\_

**SECTION A - Information for GSO Records & Where to Find**

1. Group Reference number if known \_\_\_\_\_

2. Town or City of meeting venue \_\_\_\_\_

3. Postcode: \_\_\_\_\_ 4. County: \_\_\_\_\_


5. Name of Meeting: \_\_\_\_\_


6. Address of meeting venue: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Meeting on: **Mon**  **Tue**  **Wed**  **Thu**  **Fri**  **Sat**  **Sun**

8. Time meeting starts: \_\_\_\_\_

9. If 'open' meetings held - give details when \_\_\_\_\_

10.  Full wheelchair access to meeting place

 Facilities for deaf / hard of hearing  Sign language interpreter

**11. Contacts for publication in Where to Find Directory (2 people maximum)**

Name: \_\_\_\_\_ Tel. no. (incl. Std code) \_\_\_\_\_

Name: \_\_\_\_\_ Tel. no. (incl. Std code) \_\_\_\_\_

12. Group E-mail: \_\_\_\_\_

**STRICTLY CONFIDENTIAL**

**SECTION B - FOR GSO CONFIDENTIAL RECORDS ONLY.**

**PLEASE GIVE FULL NAMES & ADDRESSES FOR MAILING PURPOSES.**

**All group correspondence to be sent to:** -----  
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Tel no. (incl. STD code): .....

E-mail address: .....

**(For AA Service News only)**

**Name, address & tel. no. of Secretary:** -----  
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Tel no. (incl. STD code): -----

**Name, address & tel. no. of Treasurer:** -----  
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Tel no. (incl. STD code): -----

**Name, address & tel. no. of GSR:** -----  
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Tel no. (incl. STD code): -----

**To which Intergroup does your group belong?**

-----Intergroup

*For office use only*

RSO	Del	Stats	WEBSITE	GPN
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