

Group Information for the Central Service Office

This form is to be completed and sent to the CSO upon every rotation of service positions and/or on the date of the groups' anniversary.

Group Name: _____

Meeting Day: _____ Meeting Time: _____

Meeting Address: _____

Note (e.g., 'at rear'): _____

Wheelchair Access: Y / N (please circle)

Group Mailing Address: _____

Approximately how many home group members? _____

Secretary Name: _____ Mob: _____

Email: _____

Treasurer Name: _____ Mob: _____

Deposit Book Number _____ Group Anniversary: _____

Central Service Representative (attends Council meetings):

Name: _____ Mob: _____

Email: _____

General Service Representative (attends District/Area meetings):

Name: _____ Mob: _____

Email: _____

CSO encourages groups to subscribe to the newsletter for news about coming events, a meeting list, literature list and sharing from members.

\$18.00 for six months, \$36 for one year

Mailing Address: _____

OR Email: _____

Please fill out this form and keep a copy for your group's records. Then post or email to Room 203 95 Currie St, Adelaide, SA 5000, or cs0@aa-sa.org

OFFICE USE ONLY Date Received: _____ Entered: _____

N.O. registration Group Number: _____ Area A or B (circle one only)