



# 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!**

<b>Group Code</b>	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/Providence	
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/Providence	
Zip/Postal	
Country	

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

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