

FLAI - GROUP INFORMATION UPDATE FORM

The change applies to: (CIRCLE item on EACH line. Example: change in secretary - circle Update, Secretary)

NEW UPDATE CLOSE

GROUP MEETING LIST LOCATION TIME FORMAT INTERGROUP REPRESENTATIVE

TODAY'S DATE: _____

Use this update sheet to *provide current information* to the Finger Lakes Area Intergroup Secretary. Please provide as much information as possible to ensure that the latest data is recorded for all areas. You **MUST** complete the information for ****Group Name and the Day/Time** the group meets in order for the FLAI Secretary to process the changes.

**New Groups need to also complete the New Group Form for GSO in New York in order to obtain GSO Number (www.aa.org/assets/en_US/e_group.pdf).*

GROUP / MEETING SCHEDULE

**** GROUP NAME and CITY / TOWN / VILLAGE:** _____

Please fill in the time of day that the group meets for each day of the week that you meet. If the Group meets on different days of the week, put the meeting time in each of the days your group meets.

| | | | | | | | |
|------------------------|-----|-----|------|-----|-------|-----|-----|
| ** Day of Week: | SUN | MON | TUES | WED | THURS | FRI | SAT |
| ** Time of Day: | | | | | | | |

Please check one: The meeting is in which county: Ontario Seneca Wayne Yates

Please check one: The meeting is: Open OR Closed

Please check one if it applies: The meeting is: Men only OR Women only

Please check the type(s) of meeting(s) the Group supports:

- | | | |
|--|---|--|
| <input type="checkbox"/> Discussion Meeting | <input type="checkbox"/> Speaker Meeting | <input type="checkbox"/> Grapevine Meeting |
| <input type="checkbox"/> 12 Step Meeting | <input type="checkbox"/> 12 Traditions Meeting | <input type="checkbox"/> Steps & Traditions Mtg. |
| <input type="checkbox"/> Big Book Meeting | <input type="checkbox"/> 1 st Step Meeting | <input type="checkbox"/> Beginner's Meeting |
| <input type="checkbox"/> 12 Concepts Meeting | <input type="checkbox"/> ABSI (As Bill Sees It) Meeting | <input type="checkbox"/> Literature |
| <input type="checkbox"/> 1 st meeting of month: _____ | <input type="checkbox"/> Last meeting of month: _____ | <input type="checkbox"/> Other: _____ |

Please check any of the following that apply to the meeting:

- | | | |
|---|---|--|
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Gay / LGBTQ | <input type="checkbox"/> Young Peoples Meeting |
| <input type="checkbox"/> Hearing Impaired Interpreters or ASL | <input type="checkbox"/> Handicap Accessible Facilities | <input type="checkbox"/> Child Care Friendly |
| <input type="checkbox"/> AI-Anon Meeting – in different room | <input type="checkbox"/> Child Care Available | |

Please Print Neatly to prevent errors!!! ☺

This is how the group will be shown on the "MEETING SCHEDULE" for The Finger Lakes Area Intergroup. Use the current list as a guide. (This is not a mailing address – this information is used to locate the meeting):

| | | |
|--|--|------------------------------------|
| Name of the Place the group meets (church, hall, center, school, etc.): | | Example: Lutheran Church |
| Exact Street Address where the group meets ("320 South. Pearl St.): | | 320 South Pearl St. |
| City / Town / Vil. where group meets (not necessarily mailing address) | | Canandaigua |

<< Please Complete BOTH SIDES / PAGES of this Form >>

And RETURN COMPLETED FORM via regular or e-mail to:

Finger Lakes Area Intergroup – PO Box 204, Clifton Springs, NY 14432

E-Mail: secretary.flai@gmail.com / Website: www.fingerlakesaa.org

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INTERGROUP REPRESENTATIVE (IR) and ALTERNATE IR Information:

This information is confidential to the Finger Lakes Area Intergroup and will NOT be released to anyone else for any reason. The information is used only to contact the Intergroup Representative regarding Intergroup business:

| INTERGROUP REPRESENTATIVE'S Name and Address: | Alternate Intergroup Representative's Name & Address: |
|--|--|
| Name: | Name: |
| Address: | Address: |
| City, State, Zip: | City, State, Zip: |
| Phone (include area code): | Phone (include area code): |
| E-Mail Address: | E-Mail Address: |

GENERAL SERVICE OFFICE (GSO) INFORMATION:

Group's GSO Number (assigned by the GSO in New York City): _____
If there is no GSO Number for the Group, please use GSO New Group Form (to register a new group) referenced on page 1 or GSO Update Form: www.aa.org/assets/en_US/e_infchan.pdf

GROUP ANNIVERSARY INFORMATION:

What is the date the group started? The month and year: _____

NAME AND PHONE NUMBER OF THE PERSON COMPLETING THIS FORM (only signed forms will be accepted):

| | | |
|----------------------|--------|---------|
| Name (please print): | Phone: | Signed: |
|----------------------|--------|---------|

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