

PLEASE COMPLETE BOTH SIDES AND RETURN TO:

New York Inter-Group
307 Seventh Avenue – Room 201
New York, NY 10001-6007
Telephones: (212) 647-1680, (914) 949-1200
Fax: (212) 647-1648 Web Site: www.nyintergroup.org

OFFICE USE ONLY: DATE: _____

Please list below the times and location of your group's meetings. Specify the **TIME** and **TYPE** of meetings, and any special directions. Fill in below and on the reverse your group's current officers and Twelfth-Step contacts. Please complete both sides and return to Inter-Group. THANKS!!

Group Name: _____

Meeting Place: _____

Address: _____

Borough/City/Zip Code: _____

Cross Street, Floor, and Room #: _____

Is your meeting place wheelchair accessible? YES _____ NO _____

Is your meeting interpreted for the deaf? YES _____ NO _____

PLEASE CHECK APPROPRIATE BOX

- New Group
 Address Change
 Meeting Schedule Change
 Group Officer Update
 Group Name Change

New Group's First Meeting Date: _____

MEETING DAY	<u>Beginners</u> Meeting Time	<u>Big Book</u> Meeting Time	<u>Closed</u> <u>Discussion</u> Meeting Time	<u>Open</u> Meeting Time	<u>Open</u> <u>Discussion</u> Meeting Time	<u>Step</u> Meeting Time	<u>Other</u> Meeting Time
SUNDAY							
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							

PLEASE COMPLETE OTHER SIDE

PLEASE PRINT CLEARLY

SECRETARY

First Name _____ Last Name _____ *

Address _____ Apt # _____

City _____ State _____ Zip Code _____

Home Phone () _____ Msg Ok _____

Other Phone () _____ Msg Ok _____

GROUP CHAIRPERSON

First Name _____ Last Name _____ *

Address _____ Apt # _____

City _____ State _____ Zip Code _____

Home Phone () _____ Msg Ok _____

Other Phone () _____ Msg Ok _____

INTER-GROUP DELEGATE

First Name _____ Last Name _____ *

Address _____ Apt # _____

City _____ State _____ Zip Code _____

Home Phone () _____ Msg Ok _____

Other Phone () _____ Msg Ok _____

ALTERNATE INTER-GROUP DELEGATE

First Name _____ Last Name _____ *

Address _____ Apt # _____

City _____ State _____ Zip Code _____

Home Phone () _____ Msg Ok _____

Other Phone () _____ Msg Ok _____

TREASURER

First Name _____ Last Name _____ *

Address _____ Apt # _____

City _____ State _____ Zip Code _____

Home Phone () _____ Msg Ok _____

Other Phone () _____ Msg Ok _____

TWELFTH-STEP CONTACTS

Please list your group's Twelfth-Step contacts. **Do not list group officers in this section; they are automatically included on your group's Twelfth-Step contact list.** The sobriety requirement is to be determined by the group.

GROUP OFFICERS AND TWELFTH-STEP CONTACTS' NAMES AND NUMBERS WILL BE KEPT STRICTLY CONFIDENTIAL.

If you have an answering machine, please indicate whether New York Inter-Group volunteers can leave a message.

<u>NAME</u> <u>(last name helpful but optional)</u>	<u>Home Phone</u>	<u>Can we leave a message?</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

➔ **GROUP OFFICERS AND TWELFTH-STEP CONTACTS' NAMES AND NUMBERS WILL BE KEPT STRICTLY CONFIDENTIAL.** ←