

Group Contact Information:

(By providing your name and number below you are agreeing to accept calls on behalf of your group from A.A. members and G.S.O., please provide daytime contact numbers if possible to aid G.S.O. pass 12th Step Calls to group members.)

Name: _____ Contact Tel. No. _____

Name: _____ Contact Tel. No. _____

Name: _____ Contact Tel. No. _____

Group email address for group correspondence: _____

Tick if your group would prefer to receive hardcopies of AA correspondence from GSO

Group Mailing Address ONLY if different from meeting address:

Strictly Confidential if members details are provided.

Full Name: _____

Address Line 1: _____

Address Line 2: _____

Address Line 3: _____

Town/City: _____

Eircode/Post Code: _____

County: _____

Details agreed at the Group Conscience Meeting held: _____/_____/_____

For verification purposes please note the following:

1) the Group Conscience Secretary should forward the signed completed Group Information Sheet to your Area Secretary by email or post. 2) The Area Secretary should also sign it and forward it to the Intergroup Secretary. 3) Finally the Intergroup Secretary should sign off on the form and forward it to GSO, only then can your group details be updated by GSO.

1) Group Conscience Secretary: _____ Tel. No. _____

(Signature required)

2) Area Secretary: _____ Tel. No. _____

(Signature required)

3) Intergroup Secretary: _____ Tel. No. _____

(Signature required)

The Road Back Magazine

Is your Group aware of 'The Road Back' magazine—Europe's longest running sharing magazine??

Special Group rates are available to groups interested in supporting the **The Road Back** magazine.

Is your Group interested in receiving a **Road Back** information Pack ?? Yes No

For Office Use Only:

Date Received: _____/_____/_____ Database Updated: _____/_____/_____ Initials: _____