

2017

PLEASE FILL OUT AND RETURN AS SOON AS POSSIBLE!!!

It is IMPORTANT to have Current Contact NAME, ADDRESS, PHONE & E-MAIL ADDRESS FOR ALL GROUPS!!!

We at the Central Office are only as good as the information given to us!!!

We are requesting the following information to update the files for mailings, schedules, etc. Thank you for your anticipated cooperation and support.

GROUP INFORMATION SHEETS

GROUP NAME: _____

PLACE: _____

MEETING DAY: _____

TIME: _____

TYPE (open, closed, ect): _____

ADDRESS: _____

CITY: _____

WHEEL CHAIR ACCESS: Building: _____ Bathrooms: _____

SMOKING: Y / N

Birth Date Of Group: _____

DISTRICT: _____

MAIL CONTACT NAME: _____

MAIL CONTACT PHONE: _____

E-MAIL CONTACT: _____

CONTACT MAIL ADDRESS: _____

GROUP TREASURER: _____

TREASURER PHONE: _____

CENTRAL COMMITTEE REP: _____

COMMITTEE REP PHONE: _____

GROUP SERVICE NUMBER: _____

GENERAL SERVICE REP: _____

GSR PHONE: _____

ADDITION NOTES: _____

**Please return this form to the Buffalo Central Office,
681 Seneca Street (LOWER)
Buffalo, NY 14210**

or: buffaloaa@hotmail.com