

PLEASE FILL OUT AND RETURN AS SOON AS POSSIBLE!!!
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 buffalooa@hotmail.com

Thanks!!!

FYI: THE CENTRAL OFFICE HOURS ARE 9:00 AM-12:30 PM, closes for banking, shopping, ECT., for the office, followed by lunch Re-OPENS from 2:00- 4:30 PM.