

GROUP SERVICE No. _____

DATE: _____

DELEGATE AREA No. 17

DISTRICT No. _____

No. OF MEMBERS: _____

OLD INFORMATION

GROUP NAME: _____

Group Meeting Location: _____

Street: _____

City/Town: _____

State/Province: _____

Zip Code: _____ Telephone: _____

MEETING DAY

MON | TUES | WED | THUR | FRI | SAT | SUN

MEETING TIMES

____ | ____ | ____ | ____ | ____ | ____ | ____

NEW INFORMATION

GROUP NAME: _____

Group Meeting Location: _____

Street: _____

City/Town: _____

State/Province: _____

Zip Code: _____ Telephone: _____

MEETING DAY

MON | TUES | WED | THUR | FRI | SAT | SUN

MEETING TIMES

____ | ____ | ____ | ____ | ____ | ____ | ____

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Open | <input type="checkbox"/> Discussion | <input type="checkbox"/> Traditions Study | <input type="checkbox"/> Bring your own book |
| <input type="checkbox"/> Closed | <input type="checkbox"/> Literature | <input type="checkbox"/> Concept Study | <input type="checkbox"/> Bring your own seat |
| <input type="checkbox"/> Men | <input type="checkbox"/> Speaker | <input type="checkbox"/> Big Book | <input type="checkbox"/> Child Friendly |
| <input type="checkbox"/> Women | <input type="checkbox"/> Birthday / Speaker | <input type="checkbox"/> Grapevine | <input type="checkbox"/> No Children please |
| <input type="checkbox"/> LGBTQ | <input type="checkbox"/> Topic Discussion | <input type="checkbox"/> Daily Reflections | <input type="checkbox"/> ADA Compliant |
| <input type="checkbox"/> Young People | <input type="checkbox"/> Beginner | <input type="checkbox"/> As Bill Sees It | <input type="checkbox"/> 2nd flr / Elevator access |
| <input type="checkbox"/> Black | <input type="checkbox"/> Newcomer | <input type="checkbox"/> Came to Believe | <input type="checkbox"/> Outdoor Meeting |
| <input type="checkbox"/> Atheist / Agnostic | <input type="checkbox"/> Step Study | <input type="checkbox"/> Living Sober | <input type="checkbox"/> Other _____ |

INTERGROUP REPRESENTATIVE (I.G.R.)

Name: _____

Street: _____

City/Town: _____

State/Province: _____

Zip Code: _____ Telephone : _____

E-mail: _____

GENERAL SERVICE REPRESENTATIVE (G.S.R.)

Name: _____

Street: _____

City/Town: _____

State/Province: _____

Zip Code: _____ Telephone : _____

E-mail: _____

GROUP CONTACT OR GROUP TREASURER

Name: _____

Street: _____

City/Town: _____

State/Province: _____

Zip Code: _____ Telephone : _____

E-mail: _____

ALTERNATE G.S.R.

Name: _____

Street: _____

City/Town: _____

State/Province: _____

Zip Code: _____ Telephone : _____

E-mail: _____

If the Group is to be listed in the Oahu Intergroup Directory, please provide a first and last name, telephone, email, and full mailing address for the Group contact. Listing in the Oahu Intergroup Directory is for Twelfth Step referral, transportation referral if indicated and / or for meeting information.

OK TO LIST IN THE DIRECTORY? Yes No

OK to be added to the Transportation list? Yes No

SIGNATURE: _____

DATE: _____

THREE WAYS TO RETURN THIS FORM:

Postal Mail to: Oahu Intergroup of Hawaii Inc.
PO Box 2384
Honolulu, HI 96804

Give to your Intergroup Rep: (Records)
who will give to the Central Office Manager
at the next Intergroup Business meeting

email to: records@oahucentraloffice.com
manager@oahucentraloffice.com