

**Central
California
Fellowship
Of Alcoholics Anonymous**



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 Email: centraloffice@aasacramento.org

GROUP INFORMATION UPDATE FORM

Date Submitted:	Date Approved:	Entered in Database:	CCFAA Group Number:
What are you updating? Please circle all that apply.	Group Name	Mailing Address	Meeting Location
	Day/Time of Meeting	Meeting Descriptors	Delegate Information
GROUP NAME (Exact Title Please)			
GROUP MAILING ADDRESS (NEW/CURRENT)			
MEETING LOCATION ADDRESS (NEW/CURRENT)			
MEETING CONTACT	NAME:	ADDRESS:	
	PHONE:	EMAIL:	
* MEETING TIME (NEW/CURRENT)	DAY OF WEEK _____	TIME OF DAY _____	AM PM
* MEETING DESCRIPTORS (circle all that apply)	OPEN	CLOSED	ONE HOUR
	SPANISH	HEARING IMPAIRED	WOMEN ONLY
	STUDY	NO SMOKE	WHEEL CHAIR ACCESS
	MEN ONLY	BEGINNER	GAY
DELEGATE NAME			
DELEGATE ADDRESS			
DELEGATE PHONE #	DELEGATE EMAIL ADDRESS		

* For groups having multiple meetings during the week, submit this form to central office attaching a separate document providing details for all meetings. Please use a format similar to that found in the printed schedule. If you find all meeting information correct as presented in the current schedule, indicate "NO CHANGE" in the meeting location section of the form.

This form must be completed and submitted prior to the subscription expiration printed on the mailing label of your group's *By The Way* in order to continue its uninterrupted delivery.