



AREA 85 GROUP INFORMATION FORM

Please Complete Entire Form	Group Name						
Number of Members							
Meeting Location							
Address							
City/Town							
Province							
Postal Code							
MEETINGS	Sun	Mon	Tues	Weds	Thurs	Fri	Sat
Time							
Meeting Type (open/closed)							
Language							
Wheel Chair Accessible							
General Service Representative (GSR) or Group Contact Person							
Name:		Address			Email		
Telephone		City/Town			Postal Code		
Alternate GSR or Mail Contact (check)							
Name:		Address			Email		
Telephone		City/Town			Postal Code		

Very Important: Fill out ALL information above!

OK TO LIST IN THE DIRECTORY? Yes or No (if you are unsure check with your group)
 The Contact name and telephone number will be included in the GSO Directory with the group's name and service number.

RETURN THIS FORM TO THE DISTRICT DCM; if no DCM, please send to: AREA REGISTRAR:

Mail to: Area 85 Registrar, Box 10073, Thunder Bay ON, P7B 6T6

E-mail: area85registrar@gmail.com

Registrar Records use

DISTRICT NUMBER: _____ **GROUP SERVICE NUMBER (ASSIGNED BY G.S.O.)** _____

House Keeping: FNV _____ Contact List _____ Meeting Directory _____ Copy Website _____