

SUBMIT TO: NORTH COUNTY CENTRAL OFFICE
604 E. VISTA WAY
VISTA, CA 92084
PHONE: (760) 758-2514 - EMAIL: manager@nosdco-aa.org - FAX: (760) 758-2273

Date: _____

GROUP MEETING INFORMATION	<input type="checkbox"/> New Group <input type="checkbox"/> Date New Group Started: _____ <input type="checkbox"/> Time Change <input type="checkbox"/> Open Meeting <input type="checkbox"/> Group Name Change <input type="checkbox"/> No Change <input type="checkbox"/> Closed Meeting <input type="checkbox"/> Group Address Change Group Name: _____ Address: _____ City: _____ Zip: _____ <input type="checkbox"/> Day: M Tu W Th F Sa Su <input type="checkbox"/> Time: _____ <small>(Circle All That Apply)</small> Contact Email/Phone: _____
SECRETARY	<input type="checkbox"/> Information Change <input type="checkbox"/> New Secretary Name: _____ Address: _____ City: _____ Zip: _____ Email/Phone: _____
INTERGROUP REP	<input type="checkbox"/> Information Change <input type="checkbox"/> New Representative Name: _____ Address: _____ City: _____ Zip: _____ Email/Phone: _____
GROUP INFORMATION	<p style="text-align: center;">PLEASE SPECIFY WHERE YOU WISH TO RECEIVE MAIL</p> <input type="checkbox"/> Secretary <input type="checkbox"/> Intergroup Representative <input type="checkbox"/> Group Mailing Address <input type="checkbox"/> Other (Please Specify) Name: _____ Address: _____ City: _____ Zip: _____