

**PLEASE COMPLETE BOTH SIDES AND RETURN TO:**

**New York Inter-Group**  
**307 Seventh Avenue – Room 201**  
**New York, NY 10001-6007**  
**Telephones: (212) 647-1680, (914) 949-1200**  
**Fax: (212) 647-1648      Web Site: www.nyintergroup.org**

**OFFICE USE ONLY: DATE:** \_\_\_\_\_

Please list below the times and location of your group's meetings. Specify the **TIME** and **TYPE** of meetings, and any special directions. Fill in below and on the reverse your group's current officers and Twelfth-Step contacts. Please complete both sides and return to Inter-Group. THANKS!!

Group Name: \_\_\_\_\_

Meeting Place: \_\_\_\_\_

Address: \_\_\_\_\_

Borough/City/Zip Code: \_\_\_\_\_

Cross Street, Floor, and Room #: \_\_\_\_\_

Is your meeting place wheelchair accessible?      YES \_\_\_\_\_ NO \_\_\_\_\_

Is your meeting interpreted for the deaf?      YES \_\_\_\_\_ NO \_\_\_\_\_

**PLEASE CHECK APPROPRIATE BOX**

- New Group     
  Address Change     
  Meeting Schedule Change     
  Group Officer Update     
  Group Name Change

New Group's First Meeting Date. \_\_\_\_\_

<b>MEETING DAY</b>	<b><u>Beginners</u> Meeting Time</b>	<b><u>Big Book</u> Meeting Time</b>	<b><u>Closed</u> <u>Discussion</u> Meeting Time</b>	<b><u>Open</u> Meeting Time</b>	<b><u>Open</u> <u>Discussion</u> Meeting Time</b>	<b><u>Step</u> Meeting Time</b>	<b><u>Other</u> Meeting Time</b>
<b>SUNDAY</b>							
<b>MONDAY</b>							
<b>TUESDAY</b>							
<b>WEDNESDAY</b>							
<b>THURSDAY</b>							
<b>FRIDAY</b>							
<b>SATURDAY</b>							

**PLEASE COMPLETE OTHER SIDE**

**PLEASE PRINT CLEARLY**

**SECRETARY**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ \*

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Msg Ok \_\_\_\_\_

Other Phone ( ) \_\_\_\_\_ Msg Ok \_\_\_\_\_

**GROUP CHAIRPERSON**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ \*

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Msg Ok \_\_\_\_\_

Other Phone ( ) \_\_\_\_\_ Msg Ok \_\_\_\_\_

**INTER-GROUP DELEGATE**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ \*

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Msg Ok \_\_\_\_\_

Other Phone ( ) \_\_\_\_\_ Msg Ok \_\_\_\_\_

**ALTERNATE INTER-GROUP DELEGATE**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ \*

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Msg Ok \_\_\_\_\_

Other Phone ( ) \_\_\_\_\_ Msg Ok \_\_\_\_\_

**TREASURER**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ \*

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Msg Ok \_\_\_\_\_

Other Phone ( ) \_\_\_\_\_ Msg Ok \_\_\_\_\_

**TWELFTH-STEP CONTACTS**

Please list your group's Twelfth-Step contacts. **Do not list group officers in this section; they are automatically included on your group's Twelfth-Step contact list.** The sobriety requirement is to be determined by the group.

**GROUP OFFICERS AND TWELFTH-STEP CONTACTS' NAMES AND NUMBERS WILL BE KEPT STRICTLY CONFIDENTIAL.**

**If you have an answering machine, please indicate whether New York Inter-Group volunteers can leave a message.**

<b><u>NAME</u></b> <b><u>(last name helpful but optional)</u></b>	<b><u>Home Phone</u></b>	<b><u>Can we leave a message?</u></b>

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