

MEETING CHANGES UPDATE FORM

Type of Change:

Location _____ Room _____ Time _____ Format _____ Closing/New _____ Holiday Closing _____

Date Reported: _____ Effective Date: (month/day/year) _____

Group Name: _____

Meeting Location: _____

Borough _____ Day of Meeting: _____ Time of Day: _____ AM
_____ PM

Mailing Address (if different from location): _____

Type of Meeting: (place a check mark to all that apply)

Beginners _____	Gay & Lesbian _____	Wheelchair Accessible _____
Regular _____	Al-Anon Adult Children _____	Open Meeting _____
Alateen _____	Men _____	Non-member visitors welcome _____
	Women _____	
Step _____	Parents _____	Advanced Notice _____
Tradition _____	African/American _____	Advanced Notice required for non-member visitors and professionals _____
Literature _____	Babysitting _____	
Meditation _____	Children Welcome _____	Closed Meeting _____
Slogan _____	Sign Language _____	No non-member visitors or professionals _____
Problem Solving _____	Spanish Speaking _____	

Phone Contacts for your meeting:

Name #1 _____ Telephone _____

Name #2 _____ Telephone _____

Name of Person Reporting Meeting Change: _____ Telephone Number: _____

For Office Use Only: (enter date the update is complete) _____
Meeting List For Publishing _____
Website _____
Binders _____
Interim Meeting List Worksheet _____
Voice system _____
Mailing List _____