Meeting List / Group Information Form

Please furnish ALL information requested. Incomplete forms cannot be processed.

All personal information will be kept strictly confidential.

All groups are required to submit this form every year prior to October 1st.

All Online Meetings are ONLY an accompaniment to a physical meeting. No standalone online meetings will be listed

Today's Date

✓ Check ALL that apply

Received By: Meeting List Chair

Yearly Update	New Group	Format Change		Address Change	Add Meeting
Contact Update	Group Name Change	Time Change		Handicap Access	Remove Meeting
Online Meeting	Remove Group	Day Change	·	Special Instructions	_

	Contact Opdat	.e	Group N	ame Change	Į I	ime Change		Handicap Access		Ke	move iv	rieeting	
	Online Meeting R		Remove	e Group Day Change			Special Instructions		ons				
	Group Information												
	This is the mailing address for your group, not meeting address.												
	If you are only updating your contact with the SIA office then please only fill in this box.												
Gr	Group Name												
M	Mailing Address												
Cit	City Zip												
	Contact information below will be used to verify the information on this form.												
Co	ntact Person					P	Phon	e					
E-mail Address													
OLD Listing – AS LISTED on the current meeting list – NEW Groups Leave Blank													
Gr	Group Name												
Meeting Place Name													
M	eeting Place Ado	lress											
M	eeting Place City	,		Meeting Place Zip									
Sp	ecial Instruction	ıs											
On	line Meeting ID /	Dial In I	D										
	Sunday Mon		londay	ay Tuesday		Wednesday		Thursday		Friday		Saturd	ay
	 NEW Listi 	ng – Th	is is what w	vill be listed on t	the	printed list.							
F				is imperative, if you do not know the entire address				Effor	tive Date				
	ple	ease asl	k your meet	r meeting place for their street address.						Live Date			
Group Name													
M	Meeting Place Name												
M	eeting Place Ado	lress							•				
M	eeting Place City	<i>'</i>		Meeting Place Zip									
Sp	ecial Instruction	ıs											
On	line Meeting ID /	Dial In I	D										
	Sunday	M	londay	Tuesday		Wednesday	,	Thu	ırsday	Frida	у	Saturd	ay
Ab	Abbreviations- O=Open; OD=Open Discussion; CD=Closed Discussion; C=Closed; S=Step; T=Tradition; BB=Big Book; B=Beginners; M=Men's Meeting;												
W:	W=Women's Meeting; YP=Young People; ASL=Sign Lang Avail; DR=Daily Reflections; GV=Grapevine; GLBT=Gay, Lesbian, Bisexual, Transgender;												
SP=Spanish; Noon=Noon; Midnight=Midnight; AM must be indicated; All meetings listed as Non-smoking; No Restricted meetings are listed.													
	MAIL COMPLETED FORM TO: Suffolk Intergroup Association, PO Box 659, Patchogue, NY 11772												
FAX COMPLETED FORM TO: 631-654-1110 E-MAIL COMPLETED FORM TO: meetings@suffolkny-aa.org													
1						OFFICE USE ON	ILY						

Corresponding Secretary

Web Chair