

GROUP SERVICE No. _____

Temporary

DATE: _____

Permanent

DELEGATE AREA No. 17 DISTRICT No. _____ No. OF MEMBERS: _____

OLD INFORMATION

GROUP NAME: _____

Group Meeting Location: _____

Street: _____

City/Town: _____

State/Province: _____

Zip Code: _____ Telephone: _____

MEETING DAY

MON | TUES | WED | THUR | FRI | SAT | SUN

MEETING TIMES

____ | ____ | ____ | ____ | ____ | ____ | ____

NEW INFORMATION

GROUP NAME: _____

Group Meeting Location: _____

Street: _____

City/Town: _____

State/Province: _____

Zip Code: _____ Telephone: _____

MEETING DAY

MON | TUES | WED | THUR | FRI | SAT | SUN

MEETING TIMES

____ | ____ | ____ | ____ | ____ | ____ | ____

- Open
- Closed
- Men
- Women
- LGBTQ
- Young People
- Black
- Atheist / Agnostic

- Discussion
- Literature
- Speaker
- Birthday / Speaker
- Topic Discussion
- Beginner
- Newcomer
- Step Study

- Traditions Study
- Concept Study
- Big Book
- Grapevine
- Daily Reflections
- As Bill Sees It
- Came to Believe
- Living Sober

- Bring your own book
- Bring your own seat
- Child Friendly
- No Children please
- ADA Compliant
- 2nd flr / Elevator access
- Outdoor Meeting
- Other _____

INTERGROUP REPRESENTATIVE (I.G.R.)

Name: _____

Street: _____

City/Town: _____

State/Province: _____

Zip Code: _____ Telephone : _____

E-mail: _____

GENERAL SERVICE REPRESENTATIVE (G.S.R.)

Name: _____

Street: _____

City/Town: _____

State/Province: _____

Zip Code: _____ Telephone : _____

E-mail: _____

GROUP CONTACT OR GROUP TREASURER

Name: _____

Street: _____

City/Town: _____

State/Province: _____

Zip Code: _____ Telephone : _____

E-mail: _____

ALTERNATE G.S.R.

Name: _____

Street: _____

City/Town: _____

State/Province: _____

Zip Code: _____ Telephone : _____

E-mail: _____

If the Group is to be listed in the Oahu Intergroup Directory, please provide a first and last name, telephone, email, and full mailing address for the Group contact. Listing in the Oahu Intergroup Directory is for Twelfth Step referral, transportation referral if indicated and / or for meeting information.

OK TO LIST IN THE DIRECTORY? Yes No

OK to be added to the Transportation list? Yes No

SIGNATURE: _____

DATE: _____

THREE WAYS TO RETURN THIS FORM:

Postal Mail to: Oahu Intergroup of Hawaii Inc.
PO Box 2384
Honolulu, HI 96804

Give to your Intergroup Rep: *(Records)*
who will give to the Central Office Manager
at the next Intergroup Business meeting

email to: records@oahucentraloffice.com
manager@oahucentraloffice.com