

GROUP INFORMATION FORM

DATE _____

NAME OF GROUP _____

NEW GROUP _____ REVIVED _____ INFO CHANGE _____ NEW TO GENERAL SERVICE _____

GROUP SERVICES NUMBER _____ DISTRICT _____

GROUP SERVICE REPRESENTATIVE

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ PHONE _____

E-MAIL ADDRESS FOR GSR, OR A GROUP MEMBER IF GSR HAS NONE:

_____ @ _____

ALTERNATE GROUP SERVICE REPRESENTATIVE

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ PHONE _____

E-MAIL ADDRESS: _____ @ _____

GROUP MAIL CONTACT (A NECESSITY)

Note: If mail contact not listed, GSR will be listed as mail contact

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ PHONE _____

GROUP CONTACT E-MAIL ADDRESS OR GROUP MEMBER IF CONTACT HAS NONE:

_____ @ _____

Mail Completed Form to:
AREA 55 REGISTRAR
GENERAL SERVICE
P.O. BOX 401
TOLEDO OH 43697

NOTE:
It is the Group Responsibility to provide
this information to General Service
twice a year: January 1, and July 1
each calendar year.