

**ORANGE COUNTY CENTRAL OFFICE
ALCOHOLICS ANONYMOUS GROUP INFORMATION**

PLEASE CHECK: NEW DELETE CHANGE

Note: New meetings should be in existence for 90 days to be listed in the Orange County Meeting Directory

WAS:

GROUP NAME: _____

MEETING ADDRESS: _____

CITY: _____ **BLDG.:** _____ **ROOM:** _____ **ZIP:** _____

DAY: _____ **TIME:** _____ **THOMAS GUIDE #** _____

CROSS STREETS: _____

NOW:

EFFECTIVE DATE: _____

GROUP NAME: _____

MEETING ADDRESS: _____

CITY: _____ **BLDG.:** _____ **ROOM:** _____ **ZIP:** _____

DAY: _____ **TIME:** _____ **THOMAS GUIDE #** _____

CROSS STREETS: _____

SECRETARY OR MEETING CONTACT:

NAME: _____

PHONE: (____) _____ **WORK:** (____) _____ **EMAIL:** _____

TYPE OF MEETING:

OPEN CLOSED MEN WOMEN GAY CHILD CARE YOUNG PEOPLE

LANGUAGE:

ENGLISH SPANISH KOREAN VIETNAMESE OTHER: _____

GSO# _____

SANTA ANA OFFICE VOLUNTEER: _____ **DATE:** _____