G.S.O. GROUP INFORMATION CHANGE FORM

GROUP ID #:	DATE:
AREA #:	DISTRICT #:
	you can contact your area registrar on your area's website. List of
<u>area websites</u>	
OLD INFORMATION	NEW INFORMATION
ODOUD NAME	NEW INFORMATION
GROUP NAME:	CDOUD MANAGE.
Type/Format: In-person □ Virtual □	GROUP NAME:
	Type/Format: In-person □ Virtual □
GROUP MEETING LOCATION:	
ADDRESS:	GROUP MEETING LOCATION:
CITY/TOWN:	ADDRESS:
STATE/PROVINCE: POSTAL CODE:	
PHONE:	STATE/PROVINCE: POSTAL CODE:
NUMBER OF MEMBERS:	PHONE:
	NUMBER OF MEMBERS:
GENERAL SERVICE REPRESENTATIVE (G.S.R.)	
	GENERAL SERVICE REPRESENTATIVE (G.S.R.)
NAME:	_
ADDRESS:	NAME:
CITY/TOWN:	ADDRESS:
STATE/PROVINCE:POSTAL CODE:	_
PHONE:	STATE/PROVINCE: POSTAL CODE:
EMAIL:	
	EMAIL:
ALTERNATE C C D	ALTERNATE C C D
ALTERNATE G.S.R.	ALTERNATE G.S.R.
NAME:	NAME:
NAME:ADDRESS:	NAME:ADDRESS:
NAME:ADDRESS:CITY/TOWN:	NAME:ADDRESS:CITY/TOWN:
NAME: ADDRESS: CITY/TOWN: STATE/PROVINCE: POSTAL CODE:	NAME:ADDRESS:CITY/TOWN:POSTAL CODE:
NAME: ADDRESS: CITY/TOWN: STATE/PROVINCE: PHONE:	NAME:
NAME: ADDRESS: CITY/TOWN: STATE/PROVINCE: PHONE:	NAME:
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NAME: ADDRESS: CITY/TOWN: STATE/PROVINCE: PHONE: EMAIL:	NAME: ADDRESS: CITY/TOWN: STATE/PROVINCE: PHONE: EMAIL:
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