

MEETING LIST CHANGES

CURRENT INFORMATION

GROUP MEMBER : _____ CONTACT # _____ DATE _____

GROUP NAME : _____ DAY & TIME _____

NAME AND ADDRESS OF MEETING

SPECIAL INSTUCTIONS

OPEN / CLOSED

W/C ACCESS / NO W/C ACCESS

SMOKING / NONSMOKING

TYPE (discussion, step, tradition, speaker...etc)

FILL IN CHANGES ONLY

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