

**SUBMIT TO: NORTH COUNTY CENTRAL OFFICE
604 E. VISTA WAY
VISTA, CA 92084
PHONE: (760) 758-2514
FAX: (760) 758-2273**

DATE: _____

GROUP MEETING INFORMATION	<input type="checkbox"/> New Group <input type="checkbox"/> Date New Group Started _____ <input type="checkbox"/> Time Change <input type="checkbox"/> Open Meeting <input type="checkbox"/> Group Name Change <input type="checkbox"/> No Change <input type="checkbox"/> Closed Meeting <input type="checkbox"/> Group Address Change GROUP NAME _____ (New or Present) Address: _____ City: _____ Zip: _____ <input type="checkbox"/> Day: M Tu W Th F Sa Su <input type="checkbox"/> Time: _____ (Circle All That Apply)
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SECRETARY	<input type="checkbox"/> Address Change <input type="checkbox"/> New Secretary Name: _____ Address: _____ City: _____ Zip: _____
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INTERGROUP REP	<input type="checkbox"/> Address Change <input type="checkbox"/> Intergroup Representative Name: _____ Address: _____ City: _____ Zip: _____
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GROUP INFORMATION	PLEASE SPECIFY WHERE YOU WISH TO RECEIVE MAIL
	<input type="checkbox"/> Secretary <input type="checkbox"/> Intergroup Representative <input type="checkbox"/> Group Mailing Address <input type="checkbox"/> Other (Please Specify)
	Name: _____ Address: _____ City: _____ Zip: _____