



# Central Service Office AA Victoria

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## Group Registration & Update form

By completing this form your group will be included in all electronic & printed communications produced by the Victorian CSO.

Name of Group:				
Meeting Day & Time:				
Meeting Location:				
Please indicate:		Wheelchair Access		Open Meeting
Number of Meeting Lists required: published bi-monthly—50c + freight				
Secretary	First Name			
	Family Name			
	Email			
	Phone Numbers			
Treasurer	First Name			
	Family Name			
	Email			
	Phone Numbers			
Central Service Delegate	First Name			
	Family Name			
	Email			
	Phone Numbers			
DELIVERY ADDRESS for literature orders and all CSO communications				

### Volunteers able to take 12 Step calls

NAME	OWN TRANSPORT	SUBURB	OTHER LANGUAGE	TELEPHONE
Anniversary DATE				
DATE of completing this form				