South Jersey Intergroup Association

MEETING LIST CHANGE FORM

SUBMISSION TY	PE: Ne	ew Meeting	☐ Change Meeting	☐ Delete Meeting
* GROUP NAME:				
* CONTACT:				
* EMAIL:	* PHONE:			
Briefly summarize your ch	anges here.			
MEETING DAY & TIME				
* DAY OF WEEK:		* START TII	ME: DAM DP	* LENGTH :
MEETING LOCATION IN	IFO			
* OLD ADDRESS: (if me	oving)			
* NEW ADDRESS:				
* BUILDING / CHURCH	H NAME: (if app	licable)		
* CITY or TOWN:	,,			
Other 'Meeting Location' D	Directions / Notes:			
MEETING TYPE INFO				
* OPEN/CLOSED:	□ No Change	□ Open	□ Closed	
* GENDER:	☐ No Change	·		☐ Women Only
* MEETING FORMAT: (ma	O .		· · · · · · · · · · · · · · · · · · ·	:
☐ Beginners	☐ Discussion	∠ Literature	e □ Big Book	☐ Big Book Step Study
☐ Step	☐ Tradition	☐ Speaker	☐ Babysitting Avai	
☐ No Papers Signed	☐ Spanish	☐ Handicap	Access 🗆 Sign Language	
Other 'Meeting Format' N	Notes:			

MAIL TO: SJIG-Meeting List Chair, PO Box 2514, Cherry Hill, NJ 08034 OR EMAIL TO: meetinglist@aasj.org PHONE: (856) 486-4446 OR Fill out the online meeting list change form at www.aasj.org