



Meeting Change Form

*Required

***Meeting Name**

***Is this a New Meeting?**

Yes No

***Is this an Open Meeting?**

Open Meeting Closed Meeting

***Email Address**

***Name**(First Name, Last Initial)

***Group Role**

Optional (You only need include changes or additional information)

Meeting Day(s):

Start Time:

am pm

End Time:

am pm

Group Name

Meeting/Group Notes

Optional (continued)

Location Name

Address

City/Town

Postal Code

Location Notes

Optional Meeting Types (Check any/all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Wheelchair Access | <input type="checkbox"/> Wheelchair-Accessible Bathroom | |
| <input type="checkbox"/> English | <input type="checkbox"/> French | <input type="checkbox"/> Indigenous |
| <input type="checkbox"/> Men | <input type="checkbox"/> Women | <input type="checkbox"/> Young People |
| <input type="checkbox"/> Big Book | <input type="checkbox"/> 12 Steps & 12 Traditions | <input type="checkbox"/> As Bill Sees It |
| <input type="checkbox"/> Atheist/Agnostic | <input type="checkbox"/> Meditation | <input type="checkbox"/> 11th Step Meditation |
| <input type="checkbox"/> Speaker | <input type="checkbox"/> Step Meeting | <input type="checkbox"/> Tradition Study |
| <input type="checkbox"/> Breakfast | <input type="checkbox"/> Babysitting Available | <input type="checkbox"/> Child-Friendly |
| <input type="checkbox"/> Candlelight | <input type="checkbox"/> Concurrent with Al-Anon | <input type="checkbox"/> Concurrent with Alateen |
| <input type="checkbox"/> Birthday | <input type="checkbox"/> Professionals | <input type="checkbox"/> Grapevine |
| <input type="checkbox"/> Literature | <input type="checkbox"/> Living Sober | <input type="checkbox"/> Newcomer |
| <input type="checkbox"/> Cross Talk Permitted | <input type="checkbox"/> Daily Reflections | <input type="checkbox"/> Discussion |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Lesbian | <input type="checkbox"/> LGBTQ |
| <input type="checkbox"/> Transgender | <input type="checkbox"/> Sign Language | <input type="checkbox"/> Smoking Permitted |
| <input type="checkbox"/> Dual Diagnosis | <input type="checkbox"/> Fragrance Free | |