

South Dade Area Group Report

GENERAL INFORMATION

Your Name: _____

New Meeting: Yes: No:

Group Name: _____

Card Needed: Yes: No:

GSR INFORMATION

Change:

New Information:

Name: To: _____

Address: To: _____

City, State, Zip: To: _____

Telephone: To: _____

Email: To: _____

ALTERNATE GSR INFORMATION

Change:

New Information:

Name: To: _____

Address: To: _____

City, State, Zip: To: _____

Telephone: To: _____

Email: To: _____

GROUP INFORMATION

Meeting Location: _____ Day(s): _____ Time: _____

Meeting Attendance: _____ Business Meeting Attendance: _____ Newcomers: _____ Anniversaries: _____

Other Officers: _____

Significant Decisions or Issues: _____

New Business: _____