

**FOR USE IN CHANGING GROUP INFORMATION**

**Complete and return to:**

Date \_\_\_\_\_

Central Ohio Group Fellowship, Inc.

651 West Broad St

Columbus, OH 43215

Please Print or Type Clearly \_\_\_\_\_ Number of Home Group Members \_\_\_\_\_

Group Service Number \_\_\_\_\_ District# \_\_\_\_\_ Date Group Started \_\_\_\_\_ Meeting Day/Type \_\_\_\_\_

**OLD INFORMATION**

**NEW INFORMATION**

- |                                     |       |
|-------------------------------------|-------|
| 1. Group Name _____                 | _____ |
| 2. Group Location _____             | _____ |
| City, State, Zip, Postal Code _____ | _____ |
| 3. Secretary's Name _____           | _____ |
| Address _____                       | _____ |
| City, State Zip _____               | _____ |
| Phone _____                         | _____ |
| 4. IGR's Name _____                 | _____ |
| Address _____                       | _____ |
| City, State Zip _____               | _____ |
| 5. GSR's Name _____                 | _____ |
| Address _____                       | _____ |
| City, State Zip _____               | _____ |
| Phone Number _____                  | _____ |