

Rockland County Meeting List Update Form

Form block #1	Example of Form Block #1		
Day of week →	Tuesday (1)	Tuesday (2)	(3)
How it works Group St John's RC Church 36 West Unity Road Akron NY 20301	<input checked="" type="checkbox"/> Information is correct, leave as is <input type="checkbox"/> Update using information in form block #2 <input type="checkbox"/> Remove from meeting list	<input type="checkbox"/> Information is correct, leave as is <input checked="" type="checkbox"/> Update using information in form block #2 <input type="checkbox"/> Remove from meeting list	<input type="checkbox"/> Information is correct, leave as is <input type="checkbox"/> Update using information in form block #2 <input type="checkbox"/> Remove from meeting list
Meeting Code	<i>Meeting Type & Time: 7:15 PM</i>	<i>Meeting Type & Time: 8:30PM</i>	<i>Meeting Type & Time: _____</i>
B- Beginner's D- Discussion ST- Step SP- Speaker(s)	BB- Big Book P- Promises L- Literature T- Traditions		
<input type="checkbox"/> Full Handicap Access <input type="checkbox"/> Gay <input type="checkbox"/> Women <input type="checkbox"/> Men	<input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed <input type="checkbox"/> Last wk. O-Ann	<input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Last wk. O-Ann	<input type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Last wk. O-Ann
* Additional information	<input type="checkbox"/> B <input checked="" type="checkbox"/> D <input type="checkbox"/> ST <input type="checkbox"/> SP	<input type="checkbox"/> BB <input type="checkbox"/> L* <input type="checkbox"/> P	<input type="checkbox"/> B <input type="checkbox"/> BB <input type="checkbox"/> D <input type="checkbox"/> L* <input type="checkbox"/> P
	Traditions on the <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input checked="" type="checkbox"/> 3 rd <input type="checkbox"/> Last wk.	Traditions on the <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> Last wk.	Traditions on the <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> Last wk.

Please read and follow the instructions carefully to avoid errors and delays, list all of your group meetings and information the way the meeting list update form suggests.

Form block #1 Directions:

Please find form block #1 on the next page, it is to be used to list **all your group meetings as they appear in the current paper version of the meeting list.**

1. **When no changes are necessary** check off, (*Information is correct, leave as is*) you can leave form block #2 directly below blank. **(See example in meeting column 1)**
(*It is most important that you list the information exactly the way it appears, whether the meeting list is correct or not, if the meeting list is incorrect make changes the way the form suggests*)

Form block #2 Directions:

Please find form block #2 on the next page, this is where you will list your changes or new listings.

1. **When making changes to an existing meeting.** Place changes in the same column directly below the old information in form block #1.
(*See example in meeting column 2*)
2. **When adding a meeting** leave form block #1 blank, place information for new meeting in form block #2 directly below the blank column in form block #1.
(*See example in meeting column 3*)

Form block #2	Example of Form Block #2		
Day of week →	(1)	Tuesday (2)	Saturday (3)
How it works Group St John's RC Church 36 West Unity Road Akron NY 20301	<input type="checkbox"/> New meeting <input type="checkbox"/> New location <input type="checkbox"/> Update existing meeting above	<input type="checkbox"/> New meeting <input type="checkbox"/> New location <input checked="" type="checkbox"/> Update existing meeting above	<input checked="" type="checkbox"/> New meeting <input type="checkbox"/> New location <input type="checkbox"/> Update existing meeting above
Meeting Code	<i>Meeting Type & Time: _____</i>	<i>Meeting Type & Time: 9:00PM</i>	<i>Meeting Type & Time: 8:00PM</i>
B- Beginner's D- Discussion ST- Step SP- Speaker(s)	BB- Big Book P- Promises L- Literature T- Traditions		
<input type="checkbox"/> Full Handicap Access <input type="checkbox"/> Gay <input type="checkbox"/> Women <input type="checkbox"/> Men	<input type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Last wk. O-Ann	<input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed <input checked="" type="checkbox"/> Last wk. O-Ann	<input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Last wk. O-Ann
* Additional information	<input type="checkbox"/> B <input type="checkbox"/> D <input type="checkbox"/> ST <input type="checkbox"/> SP	<input type="checkbox"/> BB <input type="checkbox"/> L* <input type="checkbox"/> P <input checked="" type="checkbox"/> SP	<input type="checkbox"/> B <input type="checkbox"/> BB <input type="checkbox"/> D <input type="checkbox"/> L* <input type="checkbox"/> P
	Traditions on the <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> Last wk.	Traditions on the <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> Last wk.	Traditions on the <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> Last wk.

When finished mail to:
 Alcoholics Anonymous
 of Rockland County Att: Meeting
 list update,
 PO Box 706
 West Nyack NY 10994

You can also hand deliver your information to Rockland County Intergroup or the Public Information Committee Meeting. To check times, dates and locations, go to www.rocklandnyaa.org then go to the "For Members" category. If you have any problems contact the meeting list Chair at: meetinglist@rocklandnyaa.org

**Attention* it is the policy of Rockland County Intergroup that a new group be in existence for six months in order to be listed.*

If your group meets at different locations use a separate form, you can print more copies at www.rocklandnyaa.org in the for members category

Group mailing address:

Date changes should be applied:

Contact name & phone number:

Form block #1		Information as it appears in a current paper meeting list (List info exactly the way it appears in the meeting list)						
Day of week \longrightarrow		(1)	(2)	(3)	(4)	(5)	(6)	(7)
<i>Group Name</i> <i>Mtg. Facility</i> <i>Mtg. Address</i> <i>Town / Zip</i>		<input type="checkbox"/> Information is correct, leave as is <input type="checkbox"/> Update using information in form block #2 <input type="checkbox"/> Remove from meeting list	<input type="checkbox"/> Information is correct, leave as is <input type="checkbox"/> Update using information in form block #2 <input type="checkbox"/> Remove from meeting list	<input type="checkbox"/> Information is correct, leave as is <input type="checkbox"/> Update using information in form block #2 <input type="checkbox"/> Remove from meeting list	<input type="checkbox"/> Information is correct, leave as is <input type="checkbox"/> Update using information in form block #2 <input type="checkbox"/> Remove from meeting list	<input type="checkbox"/> Information is correct, leave as is <input type="checkbox"/> Update using information in form block #2 <input type="checkbox"/> Remove from meeting list	<input type="checkbox"/> Information is correct, leave as is <input type="checkbox"/> Update using information in form block #2 <input type="checkbox"/> Remove from meeting list	<input type="checkbox"/> Information is correct, leave as is <input type="checkbox"/> Update using information in form block #2 <input type="checkbox"/> Remove from meeting list
Meeting Code		Meeting Type & Time: _____						
B- Beginner's	BB- Big Book	<input type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Last wk. O-Ann						
D- Discussion	P-Promises	<input type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Last wk. O-Ann						
ST- Step	L-Literature	<input type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Last wk. O-Ann						
SP- Speaker(s)	T- Traditions	<input type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Last wk. O-Ann						
<input type="checkbox"/> Full Handicap Access <input type="checkbox"/> Gay <input type="checkbox"/> Women <input type="checkbox"/> Men		<input type="checkbox"/> B <input type="checkbox"/> BB <input type="checkbox"/> D <input type="checkbox"/> L* <input type="checkbox"/> ST <input type="checkbox"/> P <input type="checkbox"/> SP						
* Additional information		Traditions on the <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> Last wk.						

Form block #2		Information as it SHOULD appear in the next meeting list printing (For new listings or updating existing meeting info.)						
Day of week \longrightarrow		(1)	(2)	(3)	(4)	(5)	(6)	(7)
<i>Group Name</i> <i>Mtg. Facility</i> <i>Mtg. Address</i> <i>Town / Zip</i>		<input type="checkbox"/> New meeting <input type="checkbox"/> New location <input type="checkbox"/> Update existing meeting above	<input type="checkbox"/> New meeting <input type="checkbox"/> New location <input type="checkbox"/> Update existing meeting above	<input type="checkbox"/> New meeting <input type="checkbox"/> New location <input type="checkbox"/> Update existing meeting above	<input type="checkbox"/> New meeting <input type="checkbox"/> New location <input type="checkbox"/> Update existing meeting above	<input type="checkbox"/> New meeting <input type="checkbox"/> New location <input type="checkbox"/> Update existing meeting above	<input type="checkbox"/> New meeting <input type="checkbox"/> New location <input type="checkbox"/> Update existing meeting above	<input type="checkbox"/> New meeting <input type="checkbox"/> New location <input type="checkbox"/> Update existing meeting above
Meeting Code		Meeting Type & Time: _____						
B- Beginner's	BB- Big Book	<input type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Last wk. O-Ann						
D- Discussion	P-Promises	<input type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Last wk. O-Ann						
ST- Step	L-Literature	<input type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Last wk. O-Ann						
SP- Speaker(s)	T- Traditions	<input type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Last wk. O-Ann						
<input type="checkbox"/> Full Handicap Access <input type="checkbox"/> Gay <input type="checkbox"/> Women <input type="checkbox"/> Men		<input type="checkbox"/> B <input type="checkbox"/> BB <input type="checkbox"/> D <input type="checkbox"/> L* <input type="checkbox"/> ST <input type="checkbox"/> P <input type="checkbox"/> SP						
* Additional information		Traditions on the <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> Last wk.						