



South Dade Area Group Report

GENERAL INFORMATION

Group Name: _____

New Meeting: Yes: No:

Your Name: _____

Card Needed: Yes: No:

GSR INFORMATION

Change:

Old Information:

New Information:

Name: From: _____

To: _____

Address: From: _____

To: _____

City, State, Zip: From: _____

To: _____

Telephone: From: _____

To: _____

Email: From: _____

To: _____

ALTERNATE GSR INFORMATION

Change:

Old Information:

New Information:

Name: From: _____

To: _____

Address: From: _____

To: _____

City, State, Zip: From: _____

To: _____

Telephone: From: _____

To: _____

Email: From: _____

To: _____

GROUP INFORMATION

Old Business: _____

Elections: _____

New Business: _____
