

CDO #		GENERAL SERVICE #	
PREPARED BY		DATE	

Group History Form

Please complete and return by mail or fax. CONFIDENTIAL – Full names of AA member can be used.

NAME OF GROUP		
PREVIOUS GROUP NAMES (IF ANY)		
DATE FOUNDED		
FOUNDER(S)		
EARLY MEMBERS		
PLACE & TIME OF FIRST MEETING		
Address		
City		State
Zip Code		
CURRENT LOCATION		
Address		
City		State
Zip Code		
HISTORY		
Anniversaries, special meetings, outside speakers, notes about founders, etc...		

(USE MORE PAPER IF NECESSARY)