



SARA-MANA INTERGROUP
Change ___ or Addition ___

Drop it off: Weekdays 9 AM to 3 PM; phone 941-351-4818

Mail: CENTRAL OFFICE 1748 Independence Blvd, Ste B2 Sarasota, FL 34234

Fax: 941-355-8932

Scan Form/Email: info@aasrq.org

Date submitted: _____

Contact name: _____ **phone:** _____ **for verification.**

Name of Group: _____ **G.S.O. #** _____

Day:
M ___ T ___ W ___ Th ___ F ___
St ___ Sn ___

Time _____ : _____ AM PM

Is your meeting:
C = Closed, alcoholics only _____
O = Open, everyone welcome _____
as observers _____

What type(s):
12&12 = 12 Steps/12 Traditions _____
ABSI = As Bill Sees It _____
ASL = Amer Sign Lang _____
Beg = Beginners _____
BB = Big Book _____
D = Discussion _____
DRef = Daily Reflections _____
Esp = Spanish Speaking _____
GV = Grapevine _____
Lit = Literature _____
LS = Living Sober _____
Med = Meditation _____
P = Promises _____
Sp = Speaker _____
Step = Steps _____
T = Traditions _____

Address: _____

Building Name (church name, etc): _____

AMI = Anna Maria Island _____
BR = Bradenton _____
EL = Ellenton _____
HB = Holmes Beach _____
LB = Longboat Key _____
LWR = Lakewood Ranch _____
NO = Nokomis _____
PL = Palmetto _____
PR = Parrish _____
SK = Siesta Key _____
SR = Sarasota _____
St.A = St Armands _____