

**FOR USE IN CHANGING GROUP INFORMATION**

Complete and return to:

Date\* \_\_\_\_\_

Central Ohio Group Fellowship, Inc.  
651 W. Broad St. Columbus, OH 43215  
Phone 614-253-8501 Fax 614-253-5554  
[cogf@acentralohio.org](mailto:cogf@acentralohio.org)

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 \* \_\_\_\_\_

\* \_\_\_\_\_

Group Location\* \_\_\_\_\_

\* \_\_\_\_\_

City, State, Zip, Postal Code\* \_\_\_\_\_

\* \_\_\_\_\_

2. Secretary's Name \* \_\_\_\_\_

\* \_\_\_\_\_

Address\* \_\_\_\_\_

\* \_\_\_\_\_

City, State Zip\* \_\_\_\_\_

\* \_\_\_\_\_

Phone\* \_\_\_\_\_

\* \_\_\_\_\_

3. IGR's Name \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City, State Zip \_\_\_\_\_

\_\_\_\_\_

4. GSR's Name \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City, State Zip \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

\_\_\_\_\_

**\*\*\*\* If each line with an asterisk is not filled out completely and legibly, your request cannot be processed.**