

VAC Mail List Change Form

Please PRINT & return form to:

Sandy Burke

Mailing List Coordinator

Email: maillist@AAVIRGINIA.org

District # _____ Position (GSR, DCM, Dist.Chair,) _____

Name _____

Address _____

City, State, Zip _____

Phone _____

E-Mail _____

GSO Service ID Number _____

Group Name _____

Approximate number of members _____

Meeting Place _____

Meeting Address _____

Meeting day(s) and Time(s)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Meeting Type or special

Notes _____

List in Directory? Yes _____ No _____