

DATE: _____

MAICO GRP # _____

**MADISON AREA INTERGROUP CENTRAL OFFICE
OF ALCOHOLICS ANONYMOUS
2000 Engel St., Suite 104
MADISON, WI. 53713
608-222-8989**

Please print all information. Please include address where meeting (s) are held, and specifics of where meeting is located in building. What type of meeting, open or closed, smoking or non-smoking, handicap accessible, discussion, Big Book, Step or Tradition.

GROUP NAME: _____

ADDRESS: _____

LOCATION OF MEETING: _____

Day	Time	Open	Closed	Reg	BB	Step	Tradition	Non-Smoking/ Smoking?

Send all communications to:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Cell #: _____ Email: _____

Chairperson:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Cell #: _____ Email: _____

Secretary:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Cell #: _____ Email: _____

Treasurer:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Cell #: _____ Email: _____

General Service Representative (GSR):

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Cell #: _____ Email: _____

MAICO Rep:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Cell #: _____ Email: _____