



CHANGE/UPDATE REQUEST FORM: CHECK ALL THAT APPLY

LOCATION DAY TIME CONTACT

Effective Date: _____

CURRENT INFORMATION: Fill out all information

MEETING PLACE: _____

CITY: _____ ST: _____ ZIP: _____

CONTACT 1ST NAME: _____ CONTACT NUMBER: _____

DAY: _____ TIME: _____

NEW INFORMATION: Only fill out the information that is changing

CONTACT NAME & NUMBER: _____

MEETING PLACE: _____

MEETING ADDRESS: _____

CITY: _____ STATE: _____

ZIP CODE: _____ DAY: _____ TIME: _____ AM PM

Changes must be approved by the Area Leader prior to submitting the form to HQ. Please submit 7-10 business days prior to effective date. If submitting by regular mail, allow additional time and include Area Leader's signature. Email submission: Area Leaders may approve the form by emailing it to HQ.

Additional Comments: _____

Date Of Submission: _____

Group Leader's Signature: _____

Area Leader's Signature (for mail submissions): _____

Area#: _____

**Mail, fax, or email to Headquarters and retain a copy for your records.
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