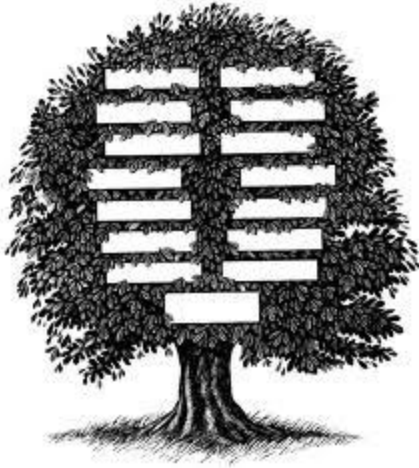


# AA Group History District 4 Archives

Today's Date: \_\_\_\_\_



## Group History Tree

Please fill out this form  
and return to your  
Archives Committee.

**Name of Group:**

**Group#:**

**Start Date:**

**Location:**

**Who were the original members?**

**Type of Meeting:**

Speaker  Discussion  Step  Big Book  Closed  
 Beginners  Other

**How many members does your group have?**

Less than 10  Between 10 and 25  From 25 to 50  
 More than 50

**Does your group support Intergroup?** \_\_\_\_\_

**Does your group have an Intergroup Rep?** \_\_\_\_\_

**Does your group have an active GSR?** \_\_\_\_\_

**Does your group have an active Grapevine Rep?** \_\_\_\_\_

**\*\* Please feel free to add more info on separate sheet of paper.**