

AA Group History Questionnaire

Name of Group _____ Group # _____

Date First Meeting Held _____

Date Registered With General Service Office _____

Current Meeting Information:

- Meeting Location _____
- Days Group Meets _____
- Meeting Times _____
- Present # of Members _____

Founding Information:

- Founding Members Names With Length of Sobriety At Founding (If Known):

- Early Members With Length of Sobriety:

- Founding/Early Members Email / Phone # if Available for Interview:

- Group History (How, When, Where, Why Group Started)

Early Meeting Information:

- Meeting Location(s):

- Days Group Met: _____

- Meeting Times: _____

- # of Members: _____

- How Group Progressed Since Early Days to Present, Including Special Events, Projects, Anniversaries, Etc.:

- Other Groups Your Members Were Instrumental In Starting:
