AREA 33 HISTORY

Date Area 33 Was Formed: _____

Meeting Location: _____

Day & Time Area Meets: _____

Format of Meeting: _____

AREA HISTORY: (Location changes - area address. format changes. Area growth history - by years, if possible. Service history - (Work Shop, etc.) Social history - Anniversary celebrations, etc. attach any flyers.)

OFFICERS : (Name & sobriety dates, if possible) Chairperson, Co-Chairperson, Secretary, Treasurer, Delegate, Alternate Delegate, and any other Chairpeople

Year or Term	Position	Name	Sobriety Date

Submitted by: _____ Date: _____

Please print, complete, and return this form to:

Area 33 General Services of Southeastern Michigan
ATTN: Archives Committee
24225 W. Nine Mile Rd. Suite 110
Southfield, MI 48033