

# AREA 49 - SENY SERVICE UPDATE FORM

PLEASE CIRCLE APPROPRIATE SERVICE POSITION:

GSR    ALT GSR                    DCM    ALT DCM                    DCMC    ALT DCMC

DATE: \_\_\_\_\_

DISTRICT: \_\_\_\_\_

PLEASE PRINT CLEARLY

GROUP NAME: \_\_\_\_\_

GROUP SERVICE #: \_\_\_\_\_ COUNTY: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

PHONE #:(\_\_\_\_\_)\_\_\_\_\_

E-MAIL: \_\_\_\_\_

\*\*WOULD YOU PREFER TO RECEIVE SENY MINUTES BY eMAIL? YES \_\_\_\_\_ NO \_\_\_\_\_

NAME OF OUTGOING GSR, ALT GSR, DCM, ALT DCM, DCMC or ALT DCMC:  
(if known): \_\_\_\_\_

Please be sure to register  
with your county secretary and  
with GSO at 212-870-3400 - Records Dept or  
mail a copy of this form to:  
**GSO**  
**PO Box 459**  
**Grand Central Station**  
**New York, NY 10163.**

Completed forms for  
SENY registration  
should be  
mailed to :  
**SENY**  
**Attn: Secretary**  
**PO Box 571**  
**New York, NY 10116**

Thank you.

PS. And don't forget your local Intergroup.