## **AREA 33 COMMITTEE HISTORY**

Committee \_\_\_\_\_

Date Committee was	Formed:						
Meeting Location:  Day & Time Committee Meets:  Format of Meeting:							
					rs, if possible. Service h	area, committee address. Committee for nistory - (Work Shop, etc.) Social history	
				<b>OFFICERS</b> : (Name & other Committee members)		ole) Committee Chair, Co-Chair, Secreta	ry, Treasurer, and any
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 104 Southfield, MI 48033