



CoDA Group Registration Form

The completion and return of this form to CoDA will register your meeting. Your meeting will be assigned a number and be registered in our CoDA meeting directory.

Group Name: _____ Group Meeting Place: _____

Street Address: _____

City: _____ County: _____ Community/VE _____

State/Province: _____ Zip: _____ Country: _____

Meeting Type: _____ Day: _____ Time: _____

The Steps and Traditions support a diverse and inclusive membership within our Fellowship as well as freedom to every group to define itself: who attends descriptions, focus, logistics, timing, etc.. i.e. open, closed, smoking, type of meetings, etc.

Group Conscience Comments: _____

Primary Contact Person

Secondary Contact Person

Name: _____

Name: _____

Address: _____

Address: _____

City: _____

City: _____

State/Province _____ Zip: _____

State/Province: _____ Zip: _____

Country: _____

Country: _____

Phone: (_____) _____

Phone: (_____) _____

E-Mail: _____

E-Mail: _____

I give my permission to list my first name and phone number in the CoDA Contact Directory.

I give my permission to list my first name and phone number in the CoDA Contact Directory.

I give my permission to list my first name and email in the detailed meeting information available on the CoDA website.

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Signature _____

Signature _____

Please complete one form per meeting Day and Time and return to:

Co-Dependents Anonymous, Inc.

P.O. Pox 33577

Phoenix. AZ 85067-3577

<http://www.coda.org/>

Or e-mail to: meeting@coda.org