# 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/VF_____

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:_____

Deleted: __

Deleted: _

Deleted: ___

Deleted: _

Deleted: _____

**Primary Contact Person**

Name : _____

Address: _____

City: _____

State/Province_____ Zip: _____

Country: _____

Phone: (_____) _____

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 email in the detailed meeting information available on the CoDA website.

***Signature*** _____

**Secondary Contact Person**

Name : _____

Address: _____

City: _____

State/Province: _____ Zip: _____

Country: _____

Phone: (_____) _____

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 email in the detailed meeting information available on the CoDA website.

***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