CoDA

# Co-Dependents Anonymous, Inc.

P O Box 33577, Phoenix, AZ 85067-3577
(602) 277-7991 www.coda.org

## Changes in Group Information

Date: _____ Group No: _____
Group Name: _____
Group Meeting Place: _____
Address: _____
City/State/Zip: _____
County: _____ Community/VE _____
Country: _____
Day: _____ Time: _____
_____ New Meeting
_____ Change in Location, Day, Time, or Type
_____ Contact Changes
_____
Last known contact person

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, and etcetera.

Group Conscience Comments: _____
_____
i.e.: open, closed, smoking, type of meetings, etc.

**Primary Contact Person**

Name: _____
Address: _____
City/State/Zip: _____
Phone: (_____)_____
E-mail Address: _____
I give my permission to list my name, phone number, and e-mail address in the international contact directory.
Signature:
_____

**Secondary Contact Person**

Name: _____
Address: _____
City/State/Zip: _____
Phone: (_____)_____
E-mail Address: _____
I give my permission to list my name, phone number, and e-mail address in the international contact directory.
Signature: _____

## Seventh Tradition Contribution Form

Date: _____ Group No: _____
Group Name: _____
Group Meeting Place: _____
Address: _____
City/State/Zip: _____
County: _____ Community: _____
Country: _____
Meeting Day and Time: _____
Check/Money Order #: _____
Dated: _____ Amount: _____
Check/MO Signed By: _____

Contribution Acknowledgement To Be Sent To:
Name: _____
Address: _____
City/State/Zip: _____
Country: _____
Telephone Contact No: _____

Follow-up information:
Date sent: _____
Acknowledgement Rec'd: _____
Cancelled Ck Rec'd:_____

*It is suggested that a copy of this form be kept for your records.*

_____

*Return completed form to:*
Co-Dependents Anonymous, Inc.
P O Box 33577
Phoenix, AZ 85067-3577
meeting@coda.org

Deleted: : _

NOTE: As the PHONE contact for your meeting, your first name, last initial, phone number, and e-mail address will be appearing in the CoDA Contact Directory available on the CoDA web site. By your signature above, you are giving permission to have your first name, last initial, phone number, and e-mail address given out to those needing a CoDA contact for your meeting. As the MAIL contact, you are agreeing to receive written communication for your meeting

from within the CoDA organization.