



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 national meeting directory.

Group Name: _____ Group Meeting Place: _____
Street Address: _____
City: _____ County: _____
State: _____ 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, etcetera.
i.e.: open, closed, smoking, type of meetings, etc.

Group Conscience Comments: _____

Phone Contact Person

Name : _____
Address: _____
City: _____
State: _____ Zip: _____
Phone: (_____) _____
E-Mail: _____

Mail Contact Person

Name : _____
Address: _____
City: _____
State: _____ Zip: _____
Phone: (_____) _____
E-Mail: _____

I give my permission to list my name, phone number and e-mail address in the National Contact Directory.

Signatures _____

Signatures _____

Note: As the PHONE contact for your meeting, your first name, last initial, telephone number, and e-mail address will be appearing in the CoDA National Contact Directory available on the CoDA web site. By your signature above, you are giving permission to have your first name, last initial, telephone 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. Please do not give your signature if you do not wish to have your name, phone number, and e-mail address available for those requesting meeting information.

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

Co-Dependents Anonymous, Inc.

P.O. Pox 33577

Phoenix. AZ 85067-3577

www.coda.org