



GROUP INFORMATION FORM

FOR MEETING REGISTRATION AND MEETING DIRECTORY LISTINGS



L.A. CENTRAL OFFICE
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LOS ANGELES, CA 90010

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 Fax: (323) 936-8729
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MEETING INFORMATION - FOR DIRECTORY LISTING AND MEETING CHANGES

TODAY'S DATE	<input type="text"/>	IS THIS A NEW MEETING?	YES <input type="checkbox"/> NO <input type="checkbox"/>	IS THIS A MEETING INFORMATION CHANGE OR CORRECTION? *	YES <input type="checkbox"/> NO <input type="checkbox"/>
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IF YOUR GROUP DOES NOT WANT TO BE LISTED IN THE MEETING DIRECTORY, INITIAL HERE TO OUT_____

PERSON PROVIDING INFORMATION _____ PHONE NO. _____

EMAIL ADDRESS _____ RELATIONSHIP TO MEETING _____

Provide the information as you want it listed online and in the next print directory.

MEETING NAME _____

CENTRAL OFFICE MEETING NO., IF KNOWN _____ MEETING DAY _____ MEETING TIME _____ AM PM

STREET ADDRESS _____

CITY / COMMUNITY _____ ZIP CODE _____

* WHAT WAS THE OLD INFORMATION? (NAME?, ADDRESS?, TIME?, COMMUNITY, ETC?) _____

TYPE OF MEETING: CHECK ALL THAT APPLY

<input type="checkbox"/> OPEN	<input type="checkbox"/> BEGINNERS	<input type="checkbox"/> ACCESS
<input type="checkbox"/> CLOSED	<input type="checkbox"/> MEN'S	<input type="checkbox"/> ASL
<input type="checkbox"/> SPEAKER	<input type="checkbox"/> WOMAN'S	<input type="checkbox"/> CHILD CARE
<input type="checkbox"/> PARTICIPATION	<input type="checkbox"/> GAY - LGBT	<input type="text"/>
<input type="checkbox"/> BOOK STUDY	<input type="checkbox"/> YOUNG PEOPLE	OTHER

TYPE OF FACILITY:

<input type="checkbox"/> CHURCH	<input type="checkbox"/> SCHOOL	<input type="checkbox"/> CAFE
<input type="checkbox"/> CENTER	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> PARK
<input type="checkbox"/> CLUB	<input type="checkbox"/> BANK / S & L	<input type="checkbox"/> RECOVERY.
<input type="checkbox"/> HALL	<input type="checkbox"/> RETAIL STORE	<input type="checkbox"/> CHILD CARE
<input type="checkbox"/> OFFICE	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> COFFEE HOUSE
		<input type="checkbox"/> THEATRE

OFFICER INFORMATION MUST BE INCLUDED FOR VALID MEETING REGISTRATION AND DIRECTORY LISTINGS

A phone number must be included so we are able to contact you if necessary. While an email address is not required, we suggest you include one to insure your group is included in all communication mailings. We will not rent, sell, give, or circulate your email address. If we send group emails we will use the BCC (Blind Carbon Copy) option. Thank you.

SECRETARY:

NAME _____

MAILING ADDRESS _____

CITY / STATE / ZIP _____

TELEPHONE(S) _____

EMAIL ADDRESS _____

TREASURER:

NAME _____

MAILING ADDRESS _____

CITY / STATE / ZIP _____

TELEPHONE(S) _____

EMAIL ADDRESS _____

MEETING CONTACT PERSON:

NAME _____

MAILING ADDRESS _____

CITY / STATE / ZIP _____

TELEPHONE(S) _____

EMAIL ADDRESS _____

CENTRAL SERVICE REPRESENTATIVE (CSR):

NAME _____

MAILING ADDRESS _____

CITY / STATE / ZIP _____

TELEPHONE(S) _____

EMAIL ADDRESS _____