



GROUP INFORMATION FORM

FOR MEETING REGISTRATION AND MEETING DIRECTORY LISTINGS



L.A. CENTRAL OFFICE
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FOR NEW MEETING DIRECTORY LISTINGS AND REGISTERED MEETING UPDATES

DATE <input type="text"/>	IS THIS A NEW MEETING? YES <input type="checkbox"/>	IS THIS A MEETING INFORMATION CHANGE OR CORRECTION? ** YES <input type="checkbox"/>
	NO <input type="checkbox"/>	NO <input type="checkbox"/>

IF YOUR GROUP DOES NOT WANT TO BE LISTED IN THE MEETING DIRECTORY, INITIAL HERE TO OPT OUT _____

PERSON PROVIDING INFORMATION _____	PHONE NO. _____
EMAIL ADDRESS _____	RELATIONSHIP TO MEETING _____

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

MEETING NAME _____

CENTRAL OFFICE MEETING #, IF KNOWN _____ MEETING DAY _____ MEETING TIME _____

STREET ADDRESS _____

CITY/COMMUNITY _____ ZIP CODE _____

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

TYPE OF MEETING:				
<input type="checkbox"/> OPEN	<input type="checkbox"/> DISCUSSION	<input type="checkbox"/> MEN'S	<input type="checkbox"/> YOUNG PEOPLE	<input type="checkbox"/> CHILD-FRIENDLY
<input type="checkbox"/> CLOSED	<input type="checkbox"/> BIG BOOK	<input type="checkbox"/> WOMEN'S	<input type="checkbox"/> NEWCOMER	<input type="checkbox"/> ACCESS
<input type="checkbox"/> SPEAKER	<input type="checkbox"/> 12 & 12	<input type="checkbox"/> LGBTQ	<input type="checkbox"/> BABYSITTING	<input type="checkbox"/> SIGN LANGUAGE

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

Phone numbers are required and email addresses are requested to help insure groups receive necessary communications from Los Angeles Central Office. We will not rent, sell or circulate your personal information.

SECRETARY NAME _____

PHONE _____ EMAIL _____

TREASURER NAME _____

PHONE _____ EMAIL _____

CENTRAL OFFICE REPRESENTATIVE (CSR) NAME _____

PHONE _____ EMAIL _____

MEETING CONTACT NAME _____

PHONE _____ EMAIL _____