**Sample CoDA Flyer**

***The following is offered as a sample as a flyer for local or regional Outreach. This is adapted from the Meeting Starter Packet (2012). This is CoDA Outreach Committee approved, not CoDA, Inc. approved. Members may reproduce if they wish to utilize for their own outreach, in accordance to the principles of the CoDA program. Please see the Outreach Resource Guide (outreach.coda.org) for more information.***

*CoDA Outreach Committee March 2016*

Thank you to the Illinois members who offered this as a sample for reproduction.

**Co-Dependents Anonymous (CoDA)**

CoDA is a Twelve Step Fellowship of men and women whose common purpose is recovery from codependence. The only requirement for membership in CoDA is a desire for healthy and loving relationships.

**Characteristics of Codependence**

Co-Dependents often:

* Assume responsibility for other people's feelings.
* Are not aware of how they feel and cannot identify their feelings.
* Tend to minimize, alter, or even deny the truth about how they feel.
* Tend to fear or worry about how others may respond to their feelings.
* Bolster their self-esteem by trying to solve other people's problems.
* Look to other people to determine what to do, say or feel.
* Focus their attention on pleasing another person.
* Have difficulty acknowledging good things about themselves.
* Tend to judge everything they say or do harshly, by someone else's standards.
* Have difficulty in forming and/or maintaining close relationships with others.
* Have to feel needed in order to have a relationship with others.
* Do not know or believe that asking for help is both OK and normal.

There are (#) local CoDA groups meeting regionally:

**(DAY OF THE WEEK)** at **(PLACE ADDRESS),** in **(TOWN/CITY)** at **(TIME)**
(Meeting contact: NAME/ NUMER / EMAIL)

**(DAY OF THE WEEK)** at **(PLACE ADDRESS),** in **(TOWN/CITY)** at **(TIME)**
(Meeting contact: NAME/ NUMER / EMAIL)

For a meeting list, search for meetings online at **www.coda.org** or send a self-addressed, stamped envelope to: Co-Dependents Anonymous, P. O. Box 33577, Phoenix, AZ 85067

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| **Co-Dependents Anonymous**For meetings: Go to www.coda.orgLocal Information:(DAY) (TIME) (LOCATION) (TOWN)Contact: (FIRST NAME) (NUMBER) | **Co-Dependents Anonymous**For meetings: Go to coda.orgLocal Information:(DAY) (TIME) (LOCATION) (TOWN)Contact: (FIRST NAME) (NUMBER) | **Co-Dependents Anonymous**For meetings: Go to coda.orgLocal Information:(DAY) (TIME) (LOCATION) (TOWN)Contact: (FIRST NAME) (NUMBER) | **Co-Dependents Anonymous**For meetings: Go to coda.orgLocal Information:(DAY) (TIME) (LOCATION) (TOWN)Contact: (FIRST NAME) (NUMBER) | **Co-Dependents Anonymous**For meetings: Go to coda.orgLocal Information:(DAY) (TIME) (LOCATION) (TOWN)Contact: (FIRST NAME) (NUMBER) | **Co-Dependents Anonymous**For meetings: Go to coda.orgLocal Information:(DAY) (TIME) (LOCATION) (TOWN)Contact: (FIRST NAME) (NUMBER) |