

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: _____
Day: _____ Time: _____
 New Meeting
 Meeting Change in Group 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, etcetera.

Group Conscience Comments:

i.e.: open, closed, smoking, type of meetings, etc.

Phone 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 national contact directory.

Signature: _____

Mail Contact Person

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

Signature: _____

Seventh Tradition Contribution Form

Date: _____ Group No: _____
Group Name: _____
Group Meeting Place: _____
Address: _____
City/State/Zip: _____
County: _____ Community: _____
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

NOTEAs the PHONE contact for your meeting, your first name, last initial, phone number, and e-mail address will be appearing in the CoDA World Fellowship meeting list 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.