



ADULT CHILDREN OF ALCOHOLICS
WORLD SERVICE ORGANIZATION, Inc.

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MEETING REGISTRATION FORM

Date \_\_\_/\_\_\_/\_\_\_ [ ] First time Registering & Start Date \_\_\_/\_\_\_/\_\_\_ [X] Information Update & WSO Meeting # \_\_\_\_\_

Please Note: In order for ACA WSO to be of maximum service the following information must be current, accurate and complete. All information on this form will be used for ACA service purposes only.

MEETING INFORMATION

Country USA

Meeting Address: \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_

Day \_\_\_\_\_ Time \_\_\_\_\_ [AM] [PM] Group Name \_\_\_\_\_

Specific Meeting Location \_\_\_\_\_

(Cross Streets, Building, Church, etc. For Example: Upstairs in back room in church at Allen & Del Mar)

Type- [ ] Male, [ ] Female, [ ] Gay/Lesbian, [ ] Beginners, [ ] Open To All, [ ] ACAs Only (Closed)
[ ] Other (please specify) \_\_\_\_\_

Focus- [ ] Discussion, [ ] Speaker, [ ] Steps, [ ] Book Study, [ ] Other \_\_\_\_\_

Notes- [ ] Smoking, [ ] Wheelchair Access, [ ] Child Care, [ ] Needs Support, [ ] Other \_\_\_\_\_

Language \_\_\_\_\_, Other Comments or Info \_\_\_\_\_

Intergroup Affiliation By Name: Phoenix Aca Intergroup (IG# 009) phone- \_\_\_\_\_

Public Contact: Please supply us with the following information to be used to assist people in finding your meeting.

Phone Contact; Name \_\_\_\_\_ Phone \_\_\_\_\_

E-mail Contact; Name \_\_\_\_\_ E-mail \_\_\_\_\_

Service Work Contact: The following Info is for use within the ACA service structure only and will be kept
Each Meeting must have at least one contact person with his or her own mailing address.

Primary Contact Information

Position at meeting \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street / P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Alternate Phone ( ) \_\_\_\_\_ e-mail \_\_\_\_\_

Secondary Contact Information or Meeting Mailing Address

Position at meeting \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street / P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Alternate Phone ( ) \_\_\_\_\_ e-mail \_\_\_\_\_

Please list additional information