



GROUP INFORMATION FORM

FOR MEETING REGISTRATION AND MEETING DIRECTORY LISTINGS



L.A. CENTRAL OFFICE
4311 WILSHIRE BLVD. #104
LOS ANGELES, CA 90010

Tel (800) 923-8722
 Fax (323) 936-8729
 email: lacoaa@aol.com

TODAY'S DATE:

IS THIS A NEW MEETING ? YES NO

DO YOU WANT TO BE LISTED IN OUR PRINTED DIRECTORY ? YES NO

DO YOU WANT TO BE LISTED ON OUR WEBSITE DIRECTORY ? YES NO

MEETING INFORMATION

FOR DIRECTORY LISTING

MEETING NAME _____

MEETING DAY _____ **MEETING TIME** _____ AM PM

STREET ADDRESS _____

CITY/COMMUNITY _____ **ZIP CODE** _____

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 STAG	<input type="checkbox"/> SIGNING
<input type="checkbox"/> SPEAKER	<input type="checkbox"/> WOMEN'S STAG	<input type="checkbox"/> CHILD CARE
<input type="checkbox"/> PARTICIPATION	<input type="checkbox"/> GAY	<input type="text"/>
<input type="checkbox"/> BOOK STUDY	<input type="checkbox"/> YOUNG PEOPLE	<input type="text"/>

TYPE OF FACILITY: CHECK ONE

<input type="checkbox"/> CHURCH	<input type="checkbox"/> SCHOOL	<input type="checkbox"/> PARK
<input type="checkbox"/> CENTER	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> REC. CENTER
<input type="checkbox"/> CLUB	<input type="checkbox"/> BANK / S & L	<input type="checkbox"/> RECOVERY HS.
<input type="checkbox"/> HALL	<input type="checkbox"/> RETAIL STORE	<input type="text"/>
<input type="checkbox"/> OFFICE BLDG.	<input type="checkbox"/> RESTAURANT	<input type="text"/>

OFFICER INFORMATION

FOR MEETING REGISTRATION - MUST INCLUDE FOR VALID REGISTRATION AND DIRECTORY LISTINGS

SECRETARY:

NAME _____

MAILING ADDRESS _____

CITY / STATE / ZIP _____

TELEPHONE(S) _____

TREASURER:

NAME _____

MAILING ADDRESS _____

CITY / STATE / ZIP _____

TELEPHONE(S) _____

LITERATURE PERSON:

NAME _____

MAILING ADDRESS _____

CITY / STATE / ZIP _____

TELEPHONE(S) _____

CENTRAL SERVICE REPRESENTATIVE (CSR):

NAME _____

MAILING ADDRESS _____

CITY / STATE / ZIP _____

TELEPHONE(S) _____

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LACO DATE RECEIVED	DATA BASE ENTRY DATE	MEETING NUMBER	MEETING ZONE	MEETING ZIP CODE	THOMAS BROS MAP DATA