



NGCA

CoDA Group Registration Form

The completion and return of this form to CoDA will register your meeting with NGCA. Your information will be added to our CoDA Meeting List on our web site and put on our phone service.

Group Name: _____ Group Meeting Place: _____
Street Address: _____
City: _____ County: _____
State: _____ Zip: _____ Country: _____
Meeting Type: _____ Day: _____ Time: _____

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

Group Conscience Comments: _____

Phone Contact Person

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

Mail Contact Person

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

*We would like phone and mail contact person to be the same person if possible.

Signatures _____

Signatures _____

Note: By your signature above, you are giving permission to have your first name, last initial and telephone number given out to those needing a CoDA contact for your meeting. Your information will also be included on the NGCA/MACCA CoDA Meeting List, which will be on our web site. As the MAIL contact, you are agreeing to receive written communication for your meeting from within the CoDA organization.

Please complete one form per meeting Day and Time and return to:

**NGCA
P.O. Box 464774
Lawrenceville, GA 30042- 4774**

www.northgeorgiacoda.org