



**ADULT CHILDREN OF ALCOHOLICS
WORLD SERVICE ORGANIZATION, Inc.**

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Torrance, CA 90510
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(310) 534-1815

MEETING REGISTRATION FORM

Date ___/___/___ First time Registering & Start Date ___/___/___ 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 _____

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: _____ 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