## **Group Registration Form**

Please return to: denveraa@daccaa.org

□ NEW MEETING □ DISCONTINUED

 $\Box$  CHANGE

Group Name:			Today's Date:		
Meeting Address	3:		City	Zip	
Facility Name: _			Phone: _		
Meeting Inform	nation: District #		Zone:_		
□ In-Person	Only Meeting	□ *Online Only	y Meeting	□ Hybrid Mtg.	
Call-in Number:		Online Link: <u>htt</u>	<u>ps://</u>		
Meeting ID #:		Password (if	applicable):		
City and Zip Coo * "ONLINE-ON	de: <i>NLY" MEETING - PROVID</i>	Distr E THE CITY, ZIP COD	ict # DE & DISTRICT	WHERE MEETING IS HOSTED	
Days and Tin	<u>ies:</u>				
Monday	Tues	day	Wednesday		
Thursday	Friday	Saturday		Sunday	
Type of meetin	ıg:				
Beginners	Book Study_	Clos	sed	LGBTQ	
Men	Open	Speaker		Step Study	
Wheelchair	Women_		Young People_		

PLEASE KEEP CENTRAL OFFICE INFORMED OF ANY CHANGES TO YOUR MEETING. IT IS IMPORTANT THAT THE CENTRAL OFFICE HAS CURRENT GROUP INFORMATION IN ORDER TO REFER NEWCOMERS AND MEMBERS TO YOUR MEETING AND FOR KEEPING THE MEETING DIRECTORIES AS UP TO DATE AS POSSIBLE.

## TRUSTED SERVANTS AND GROUP CONTACTS

WE REQUIRE <u>TWO</u> OR MORE POINTS OF CONTACT FOR EACH MEETING, OCCASIONALLY IT IS NECESSARY TO CONTACT SOMEONE REGARDING MATTERS AFFECTING YOUR GROUP

First & Last Name:	Phone	
Email		
	City	
СНЕСК:		
□ Secretary □ Treasurer □ Centr	ral Office Delegate □ Alt. COD □ Ni	ght Watch Chair 🛭 Contact
CONTACT #2		
First & Last Name:	Phone	
Email:		
	City	
СНЕСК:		
□Secretary □Treasurer □Central (	Office Delegate □Alt. COD □Night W	atch Coord.   Contact
CONTACT #3		
First & Last Name:	Phone	
P		
Email:		
Email:Address	City	

ALL PERSONAL INFORMATION IS KEPT STRICTLY CONFIDENTIAL

COMPLETE THIS FORM ONLINE, PRINT AND MAIL OR E-MAIL TO <u>denvera@DACCAA.ORG</u>

AND THE STAFF WILL CONTACT YOU.

**CONTACT #1**