



CHEMICALLY DEPENDENT ANONYMOUS

Online Resource Center



New CDA Meeting Form

This form is used to inform CDA of a new meeting's name, location, times and type of meeting. CDA will use this information to be included in our online where and when.

Group Service Number*	*Assigned by CDA General Service Office						
Group Name:	Number of Members						
Meeting Location:	Month/Year Meeting Started						
Address:							
City:	State:						
Country:	Postal Code:						
Today's Date:	New Update						
Meeting Days:	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Time:	Mon_____	Tue_____	Wed_____	Thur_____			
	Fri_____	Sat_____	Sun_____				
Type: (Check all that apply)	Open	Closed	Step	Non-Smoking			
	Wheel-Chair Accessible	Other					
Contact Person (GSR):							
Phone Number:	Email:						
Address:	City:						
State:	Zip:						
Is CDA literature available at the meeting? Yes No							
Does the meeting use the CDA Starter Kit? Yes No							
Comments:							
This information is kept private for the use of CDA General Service Office only. Only meeting information will be posted to the CDA website www.cdaweb.org							