



**ADULT CHILDREN OF ALCOHOLICS  
WORLD SERVICE ORGANIZATION**

P.O. Box 3216  
Torrance, CA 90510  
info@adultchildren.org  
(310) 534-1815

**INTERGROUP REGISTRATION FORM**

Date \_\_\_/\_\_\_/\_\_\_     First Time Registering     Information Update    WSO IG # \_\_\_\_\_

**Please Note:** In order for ACA WSO to be of maximum service, the following information must be current, accurate and complete. All personal information on this form is confidential and will be used for ACA

**INTERGROUP NAME** \_\_\_\_\_

**MAILING ADDRESS**

Street / P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Country \_\_\_\_\_

**PHONE NUMBERS AND INTERNET INFORMATION**

Intergroup Phone (\_\_\_\_) \_\_\_\_\_ Person/Message Phone (\_\_\_\_) \_\_\_\_\_

Intergroup Fax Phone (\_\_\_\_) \_\_\_\_\_ Intergroup Website URL \_\_\_\_\_

Intergroup E-Mail Address \_\_\_\_\_

When does your Intergroup Meet?     Monthly     Quarterly     Other \_\_\_\_\_

Day \_\_\_\_\_ Time \_\_\_\_\_ A.M./P.M. Location \_\_\_\_\_

**INTERGROUP CHAIR**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street / P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Country \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

*I give ACA WSO permission to give my first name, phone no, & e-mail address to people looking for meetings in my area.*

Yes     No

**SECONDARY CONTACT**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street / P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Country \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

*I give ACA WSO permission to give my first name, phone no, & e-mail address to people looking for meetings in my area.*

Yes     No