



**WORKAHOLICS ANONYMOUS  
WORLD SERVICE  
ORGANIZATION**

PO Box 289  
Menlo Park, California 94026-0289 (510) 273-9253  
**Web Site:** [www.workaholics-anonymous.org](http://www.workaholics-anonymous.org)  
**E-mail:** [wso@workaholics-anonymous.org](mailto:wso@workaholics-anonymous.org)

**W.A. MEETING INFORMATION & REGISTRATION FORM**

***PLEASE FILL OUT ALL SECTIONS***

***WHETHER FOR AN UPDATE OR A NEW MEETING. THANKS!***

*Please note, this form is also available as a web form from our website at:  
<http://www.workaholics-anonymous.org/page.php?page=registerupdate>*

**1) Basic Form and Meeting Information**

**Person completing form**

(This information will not be published.)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Form type**

New Meeting Registration OR  Existing Meeting Update

NOTE: PLEASE FILL OUT ALL SECTIONS AND FIELDS FOR EITHER

**Meeting name and time**

(This information will be published on the web. For updates, if you want to print out and attach the current meeting listing from the web, that would be most helpful, and fill these questions out with the new information. Thanks!)

Meeting City, State/Province: \_\_\_\_\_

Meeting Name: \_\_\_\_\_ (optional)

Meeting Day: \_\_\_\_\_ (Sun, Mon, etc.)

Meeting Frequency: \_\_\_\_\_  
(weekly, 1<sup>st</sup> week of mo., 1<sup>st</sup> & 3<sup>rd</sup> weeks of mo., etc.)

Meeting Start Time: \_\_\_\_\_ and End Time: \_\_\_\_\_ (Include AM/PM)

**Meeting location** for in-person meetings  
(This information will be published on the web.)

Building Name: \_\_\_\_\_

Building Address: \_\_\_\_\_  
(street, city, state and zip)

Cross Street: \_\_\_\_\_

Building Location: (descriptive text, as appropriate)

Room Location: (descriptive text, as appropriate)

**Meeting Type and Attributes**  
(This information will be published on the web.)

Meeting Type:  In-Person OR  Electronic OR  Other

Meeting Category:  Open OR  Closed

Meeting Focus:  Sharing  Step  Book  Speaker  
 Not specific  Other

Meeting Attributes:  Non-Smoking  Wheelchair accessible  
 Other

Meeting Language(s): \_\_\_\_\_

**Meeting Contact Information**  
(Only apply where meeting has its own general contact information.  
This information will be published on the web.)

Meeting's website: \_\_\_\_\_

Meeting's email: \_\_\_\_\_

Meeting's voicemail: \_\_\_\_\_

**2) Primary Meeting Contact Person**

The primary meeting contact is the person who agrees to have some contact information listed on the W.A. website. This can be the meeting's W.A. World Service Representative (WSR-see below), if necessary. We will also send key emails to the Meeting Contact Person (as well as the WSR).

<b>Information for WA-WSO</b>	<b>Website permission</b>
Full name:	Web alias: _____ (First name, last initial will be used if not specified.)
Home phone:	__OK to publish on web
Mobile phone:	__OK to publish on web
Work phone:	__OK to publish on web
Other phone:	__OK to publish on web
Email:	__OK to publish on web
Alternate email:	__OK to publish on web
Mailing Address:	Never published on web

**3) Alternate Meeting Contact Person** (optional)

<b>Information for WA-WSO</b>	<b>Website permission</b>
Full name:	Web alias: _____ (First name, last initial will be used if not specified.)
Home phone:	__OK to publish on web
Mobile phone:	__OK to publish on web
Work phone:	__OK to publish on web
Other phone:	__OK to publish on web
Email:	__OK to publish on web
Alternate email:	__OK to publish on web
Mailing Address:	Never published on web

**4) World Service Representative**

The meeting's W.A. World Service Representative (WSR) represents the meeting at Conferences, and receives all postal mail and emails from the W.A. World Service Organization. This person agrees to duplicate and share these mailings with the meeting. It is vital that your meeting keep current contact and WSR information on file so that we can continue to be connected and provide services to your meeting!

<b>Information for WA-WSO</b>	Information from this section of the form is <b>not</b> published on the web.
Full name:	
Home phone:	At least one phone number must be provided
Mobile phone:	
Work phone:	
Other phone:	
Email:	At least one email must be provided
Alternate email:	
Mailing Address:	Required (in order to receive ballot)

**5) Authorization**

This meeting registration or update was completed by:

Signature:

Date:

**Mail completed form to:**  
 WORKAHOLICS ANONYMOUS  
 WORLD SERVICE ORGANIZATION  
 PO Box 289  
 Menlo Park, California 94026-0289