



Co-Dependents Anonymous, Inc.

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CoDA DELEGATE/ALTERNATE REGISTRATION FORM

Use this form for registering the two Delegates and/or two Alternates from your Voting Entity and for updating CoDA regarding changes.

PLEASE TYPE OR PRINT LEGIBLY

VOTING ENTITY REPRESENTED _____

Please, if applicable, state whether a former Delegate or Alternate is being replaced.

1. Name of Delegate/Alternate Being Replaced:

Indicate if Delegate or Alternate:

2. Name of Delegate/Alternate Being Replaced:

Indicate if Delegate or Alternate:

3. Name of Delegate/Alternate Being Replaced:

Indicate if Delegate or Alternate:

4. Name of Delegate/Alternate Being Replaced:

Indicate if Delegate or Alternate:

CURRENT DELEGATE

As the Delegate representing your state, your first name, last initial, phone number, and e-mail address may be appearing in CoDA National contact Directories.

YOUR SIGNATURE IS REQUIRED FOR THIS INFORMATION TO BE RELEASED.

1. Current Delegate Name:

Address:

City:

State:

Zip:

E-Mail:

Phone:

SIGN HERE PLEASE. I give my permission to list my name, phone number and e-mail address in the National Contact Directory.

2. Current Delegate Name:

Address:

City:

State:

Zip:

E-Mail:

Phone:

SIGN HERE PLEASE. I give my permission to list my name, phone number and e-mail address in the National Contact Directory.

3. Current Alternate Name:

Address:

City:

State:

Zip:

E-Mail:

Phone:

SIGN HERE PLEASE. I give my permission to list my name, phone number and e-mail address in the National Contact Directory.

4. Current Alternate Name:

Address:

City:

State:

Zip:

E-Mail:

Phone:

SIGN HERE PLEASE. I give my permission to list my name, phone number and e-mail address in the National Contact Directory.