

Clutterers Anonymous Group Registration Form

Meeting registration is the formal process by which a new or established group chooses to be identified as a 12-Step, 12-Tradition meeting with the Clutterers Anonymous (CLA) Fellowship and wants to participate in the collective conscience of the group membership.

If you have not done so previously, please review the “Meeting Registration Guidelines” and “Suggested Group Guidelines” prior to submitting your meeting registration. If you have questions about filling out this form, please contact the WSO Registration Committee.

New Group: Complete sections B through F.

Group Changes: Complete sections A, B, C, and any other applicable section.

Group Cancellation: Complete sections A, B, and C.

Annual Registration: Complete sections A and C. If there are any changes, complete the applicable section(s) as noted above. If you wish to add your group contact name and phone number to the online meeting directory, check the applicable box in section F.

Policy

Acting on behalf of our group’s conscience, we certify that this group is a Clutterers Anonymous group as defined in “Meeting Registration Guidelines” and “Suggested Group Guidelines.” By submitting this form to WSO, the group is agreeing to comply with the WSO Meeting policy as stated therein.

Please type or print clearly.

To submit this group registration, do one of the following:

- Fill out the “Group Registration Form,” then email to: CLAREgisCom@gmail.com. (If you do not have an electronic version of the form, request one from the above email address.)
- Fill in the attached printed copy of the “CLA Group Registration Form” and mail to CLA WSO, PO Box 91413, Los Angeles, CA 90009.

Keep a copy for your records.

CLA Group Registration Form

*Required Field

Section A: Group Service Number (GSN)

Group Service Number (Number required unless this is a new group)

Number assigned to the group

Section B: Request Submitted By

Full Name (First and Last Name)*

Providing your full name is required.

Email Address

(myemailaccount@provider.com)

Telephone Number*

(000-000-0000)

Date of Request*

(yyyy/mm/dd)

Section C: Type of Request or Change

New Group

Change contact information—Complete Section F

Change meeting information—Complete Section D.

Cancel group (group closed its doors)

Change schedule—Complete Section E

Annual Registration—Complete Section A. If there are changes, also complete applicable sections.

Other _____

Section D: Meeting Information

This information will be published in the CLA Fellowship Directory (website, print, phone).

Group Start or Change Effective Date

(yyyy/mm/dd)

Name of Meeting

Ex: "Friday City, State Meeting" or "Keep It Simple Meeting"

Section D1: Face-to-Face Meeting

Meeting Place

Name of building

City/Town

Other Meeting Information

Meeting room and/or floor number

State/Province

Zip/Postal Code

Meeting Street Address

Building Street Address

Country

Wheelchair Accessible?

Yes

No

Section D2: Phone Meeting

Phone Number
(000-000-0000)

Access Number

Mute/Unmute Information, etc.

Section E: Meeting Details

Meeting Day

Time Zone

(Example—Pacific Time)

Meeting Frequency

(Example: Weekly)

Meeting Start/End Time

(Example—5 to 6 p.m.)

Meeting Classification

There are two basic types of group access: open and closed.

Open Meeting: Open to CLA members and visitors. Closed

Meeting: Restricted to those who desire to stop cluttering.

Open Closed

**Average Meeting Attendance
(for Continuing Groups)**

Approximate number of people attending this meeting

Meeting Format(s)

List the format of your meeting. Examples: Step and/or Tradition study, Speaker, Big Book study, Literature study, or Topic (using topics from the recovery tools, affirmations, slogans, meditation books, etc.)

Has Your Group Elected a WSO Delegate?

Yes No

(Please have group leader and WSO Delegate complete the Delegate Registration Form.) If your group has no delegate, you can elect one through a group conscience vote.

Does Your Group Belong to an Intergroup?

Yes No

Intergroup Name, if Applicable

Section F: Primary Meeting Contact Person

WSO needs this information to send vital CLA correspondence to registered meetings. Every group MUST have a contact person in order for group registration to be complete. This could be any group member who is willing to receive communications from WSO for the group. Please Note: First name and phone number are published within the Fellowship—not online—unless requested otherwise by the group. All other personal information is for WSO internal use only.

Please add contact first name and phone number to the online meeting directory.

Full Name (First and Last Name)

Providing your full name is required.

Street Address

City/Town

State/Province

Zip/Postal Code

Meeting Service Position

Email Address

(Myemailaccount@provider.com)

Telephone Number

(000-999-0000)

Best Time to Contact You

Time Zone

	1st Choice	2nd Choice
8 a.m.–noon	<input type="radio"/>	<input type="radio"/>
Noon–5 p.m.	<input type="radio"/>	<input type="radio"/>
5 p.m.–8 p.m.	<input type="radio"/>	<input type="radio"/>
8 p.m.–10 p.m.	<input type="radio"/>	<input type="radio"/>