

California Smokers Anonymous Questionnaire

YOUR MEETING:

DAY \_\_\_\_\_ TIME \_\_\_\_\_ LOCATION \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CONTACT \_\_\_\_\_ PH( ) \_\_\_\_\_ DATE FOUNDED \_\_\_\_\_

TYPE OF MEETING (STEP, DISCUSSION, SPEAKER) \_\_\_\_\_

DO YOU KEEP A PHONE LIST? \_\_\_\_\_ A SPONSOR LIST? \_\_\_\_\_

DOES YOUR GROUP UPHOLD THE 12 TRADITIONS? \_\_\_\_\_ USE THE 12 STEPS? \_\_\_\_\_

AVERAGE ATTENDANCE: \_\_\_\_\_ . NEWCOMERS: \_\_\_\_\_ . OLDTIMERS: \_\_\_\_\_

CORE GROUP: NUMBER OF MEMBERS CLEAN OVER 1 MONTH \_\_\_\_\_ : OVER 6 MOS \_\_\_\_\_

OVER 1 YEAR \_\_\_\_\_ : 2 OR MORE YEARS \_\_\_\_\_ . LONGEST "SMOBIETY" \_\_\_\_\_

HOW DID YOU START AND HOW DID YOU ATTRACT MEMBERS? \_\_\_\_\_

SECRETARY\*:

\*NAME \_\_\_\_\_ SA JOB \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE ( ) \_\_\_\_\_ WORK PHONE ( ) \_\_\_\_\_

OTHER GROUPS:

ADD \_\_\_\_\_ DELETE \_\_\_\_\_ CORRECT \_\_\_\_\_

DAY \_\_\_\_\_ HOUR \_\_\_\_\_ LOCATION \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CONTACT \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

THANKS FOR ANSWERING THE QUESTIONNAIRE. IT'S DESIGNED FOR EASY RETURN MAILING: JUST FOLD IT SO THE ADDRESS PART IS OUTSIDE, TAPE OR STAPLE AND AFFIX A STAMP. WE'LL PUT ALL THE INFORMATION TOGETHER INTO A COMPLETE AND CURRENT MEETING LIST IN THE NEXT ISSUE. SEE YOU THEN!

NEWS

MEETING NAME \_\_\_\_\_ DATE \_\_\_\_\_

MEETING # \_\_\_\_\_

FROM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLACE  
STAMP  
HERE

MEETING COORDINATOR  
CALIFORNIA SMOKERS ANONYMOUS  
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LOS ANGELES, CA 90025