

AREA 60 OF WESTERN PENNSYLVANIA

DISTRICT INFORMATION SHEET

PLEASE COMPLETE AND RETURN TO WESTERN PENNSYLVANIA SERVICE ASSEMBLY (WPA) AS SOON AS POSSIBLE.

MAIL TO – General Service Office Attn. Records Dept. P.O. Box 459 Grand Central Station New York, NY 10163

MAIL COPY TO - Registrar 109 Center St. Warren, PA 16365-1621

EMAIL - registrar@wpaarea60.org

DISTRICT _____

DATE _____

DCM

PI Representative

Name _____

Name _____

Address _____

Address _____

City, State, & Zip _____

City, State, & Zip _____

Telephone () _____

Telephone () _____

Email Address: _____

Email Address: _____

Alt DCM

Correctional Facilities Representative

Name _____

Name _____

Address _____

Address _____

City, State, & Zip _____

City, State, & Zip _____

Telephone () _____

Telephone () _____

Email Address: _____

Email Address: _____

Secretary

Treatment Facilities Representative

Name _____

Name _____

Address _____

Address _____

City, State, & Zip _____

City, State, & Zip _____

Telephone () _____

Telephone () _____

Email Address: _____

Email Address: _____

Treasurer

Grapevine Representative

Name _____

Name _____

Address _____

Address _____

City, State, & Zip _____

City, State, & Zip _____

Telephone () _____

Telephone () _____

Email Address: _____

Email Address: _____

CPC Representative

Archives

Name _____

Name _____

Address _____

Address _____

City, State, & Zip _____

City, State, & Zip _____

Telephone () _____

Telephone () _____

Email Address: _____

Email Address: _____

Special Needs / Remote Communities

Name _____
Address _____
City, State, & Zip _____
Telephone () _____
Email Address: _____

Other

Name _____
Address _____
City, State, & Zip _____
Telephone () _____
Email Address: _____

Other

Name _____
Address _____
City, State, & Zip _____
Telephone () _____
Email Address: _____

Other

Name _____
Address _____
City, State, & Zip _____
Telephone () _____
Email Address: _____

Answering Service

Telephone () _____
Telephone () _____
Telephone () _____
Telephone () _____
Telephone () _____

Has your District ever held a Day of Sharing?

YES ___ NO ___

If yes, did you partner with another District?

YES ___ NO ___ District(s) _____

Month - Day of Sharing was previously held

District Meetings

How Often? Monthly ___ Quarterly ___
Day Scheduled _____
Time _____
Place _____
Address _____
City, State, _____
Contact Name _____
Telephone () _____

Does your District have a local meeting list?

YES ___ NO ___

**PLEASE ENCLOSE A COPY OF
MOST RECENT PRINTING
FOR AREA ARCHIVES**

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