

Request For Correspondence
Alcoholics Anonymous | Colorado Area 10

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Gender: Male: _____ Female: _____ DOC #, if applicable: _____

Facility: _____

P.O. Box: _____
City State ZIP Code

Date of Release: _____ Parole Eligibility Date: _____

A corresponding contact is a member of Alcoholics Anonymous who shares their experience, strength, and hope about staying sober.

Are you interested in corresponding with a member of Alcoholics Anonymous?

Offender's Signature: _____ Date: _____

Mail completed form to the
following address:

Area 10 Correction Committee
C/O Correspondence
P.O. Box 40368
Denver, CO 80204

OR

Email to: Corrections.Correspondence@ColoradoAA.Org

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