

## OA Media Contact Form

**PLEASE PRINT CLEARLY.**

<b>Member Name:</b> _____	
<b>Address:</b> _____	
<b>City:</b> _____	<b>State/Province:</b> _____
<b>Postal Code:</b> _____	<b>Country:</b> _____
<b>Telephone #:</b> _____	<b>Email:</b> _____

**Years in OA:** \_\_\_\_\_ **Years Abstinent:** \_\_\_\_\_

**Weight Loss/Gain:** \_\_\_\_\_ **Healthy Body Weight?**  yes  no **Length of Maintenance:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Gender:**  Female  Male **Marital Status:**  Single  Married  Other \_\_\_\_\_

**Race:**  Caucasian  African American  Asian  
 Native American  Other \_\_\_\_\_

**Willing/Qualified to give interviews for the following special interest publications:**

- |   |  |
|---|--|
| <input type="checkbox"/> Religious (specify: _____) | <input type="checkbox"/> Race/Ethnicity (specify: _____) |
| <input type="checkbox"/> Gay/Lesbian                | <input type="checkbox"/> Language (specify: _____)       |
| <input type="checkbox"/> Medical                    | <input type="checkbox"/> Other _____                     |

**Occupation:** \_\_\_\_\_

**Service:** \_\_\_\_\_

**Briefly share a few words about your personal experience, strength and hope in OA.**

---

---

---

---

---

---

---

---

*By signing and dating this form, you are agreeing to let the WSO release your name and contact information to a requesting media representative. In addition, you agree to update the information above if there are any changes on a bi-annual basis.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**Return this form to World Service Office, PO Box 44020, Rio Rancho NM 87174-4020 USA  
Phone: (505) 891-2664 • Fax: (505) 891-4320 • Email: nlippel@oa.org**