NORTHERN LIGHTS AREA OF NARCOTICS ANONYMOUS

GROUP REPORT FORM

The Area Service Committee is ultimately responsible to the Groups it serves.

GROUP NAME: **Today's Date:**

Does the group give permission to include this meeting on the meeting list? ☐ Yes ☐ No

Does the group give permission to be listed in the newspaper? ☐ Yes ☐ No

GSR Name: **New?** ☐ Yes ☐ No **GSR phone:** ( )

(Need last name for mailing)
First & Last Name:

Street Address: **Apt.**

City, State, Zip:

Area Donation
$

Email: **Can we email Area distributions to you?** Y N

GSRA Name: **New?** ☐ Yes ☐ No **GSRA phone:** ( )

Email: **Can we email Area distributions to you?** Y N

Secy Name: **New?** ☐ Yes ☐ No **Secy phone:** ( )

Email: **Can we email Area distributions to you?** Y N

PLEASE SHARE WITH THE AREA THE FOLLOWING INFORMATION

Does your Group need any assistance from the ASC? Please explain.

Please share any concerns your Group has regarding the Area Service Committee or sub-committees.

Please share any news from your Group or details regarding any upcoming events sponsored by your Group.

ONLY provide the following information if this is a new group or the group meeting information has changed:

Meeting Day: **MEETING TIME:** **AM** **PM**

Meeting Place:

Meeting Address: **City:**

Meeting Format: ☐ Speaker ☐ Open Discussion ☐ Literature Study **Is this meeting** ☐ Open ☐ Closed

Is smoking permitted in the meeting? ☐ Yes ☐ No

Is the meeting location handicap accessible? ☐ Yes ☐ No

Additional comments:

Please bring completed form to the ASC Meeting or Mail to NLASC, PO Box 16934, Duluth, MN 55816-0934

Last revised May 2007