



**NORTHERN LIGHTS AREA OF NARCOTICS ANONYMOUS
GROUP REPORT FORM**



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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the group give permission to be listed in the newspaper? <input type="checkbox"/> Yes <input type="checkbox"/> No
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GROUP MAILING ADDRESS (where to send the ASC minutes and other announcements)

(Need last name for mailing) First & Last Name: _____	Area Donation \$ _____
Street Address: _____ Apt. _____	
City, State, Zip: _____	

GSR Name: _____ New? <input type="checkbox"/> Yes <input type="checkbox"/> No	GSR phone: () _____
GSRA Name: _____ New? <input type="checkbox"/> Yes <input type="checkbox"/> No	GSRA phone: () _____
Secy Name: _____ New? <input type="checkbox"/> Yes <input type="checkbox"/> No	Secy phone: () _____

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 location has changed:

Meeting Day: _____	MEETING TIME: _____ AM PM
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Meeting Place: _____

Meeting Address: _____	City: _____
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Meeting Format: <input type="checkbox"/> Speaker <input type="checkbox"/> Open Discussion <input type="checkbox"/> Literature Study	Is this meeting <input type="checkbox"/> Open <input type="checkbox"/> Closed
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Is smoking permitted in the meeting? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the meeting location handicap accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Additional comments: _____

Please bring completed form to the ASC Meeting or Mail to NLASC, PO Box 16934, Duluth, MN 55896-0934