

GROUP SERVICE REPRESENTATION REPORT

DATE : _____

CONTACT PERSON FOR MEETING SCHEDULE

DATE OF GROUP _____

NAME: _____

GROUP ADDRESS _____

PHONE: _____

MEETING-CODES (PLEASE CIRCLE THE APPROPRIATE CODE (S))

OD	OPEN DISCUSSION	CD	CLOSED DISCUSSION	12	STEP STUDY
T	BASIC TEXT STUDY	TRAD	TRADITION STUDY	B	ORIENTED TO NEWCOMERS
S	SPEAKER	CAND	CANDLELIGHT MEETING	OL	OPEN LITERATURE DISCUSSION
W/C	WHEEL CHAIR ACCESS	IP	INFOR. PAMPHLET STUDY	NS	NON SMOKING
G	PREDOMINATELY GAY	W	PREDOMINATELY WOMEN	M	PREDOMINATELY MEN

SECRETARY

Name: _____

Home Address: _____

Phone# _____

TREASURER

Name: _____

Home Address: _____

Phone# _____

Group Service Representative

Name: _____

Address: _____

Phone _____

Group Statistics

Number of Members _____

Average Attendance: _____

Number of Newcomers: _____

Topics For The Month

1. _____
2. _____
3. _____
4. _____
5. _____

Group Needs

Literature: _____ Chips _____

Meeting Schedules: _____

Support, _____ Speakers _____

Trusted Servants, _____

Others; _____

ANNOUNCEMENTS:

PLEASE LET THE AREA KNOW OF ANY GROUPS SUPPORT NEEDS DURING AREA MEETING

MOTION FORM FOR W.E.A.S.C.

Date: _____

MOTION # _____

MOTION MADE BY: _____

MOTION SECOND BY: _____

INTENT: _____

Pro 1: _____

Pro 2: _____

Pro 3: _____

Con 1: _____

Con 2: _____

Con 3: _____

VOTE: _____

WILL MOTION CHANGE POLICY?

YES

☐

NO

☐

SERVICE RESUME

POSITION: _____ CLEAN DATE/TIME _____

NAME: _____ AREA: WEST END
AREA _____

ADDRESS: _____ PHONE #: _____

SERVICE POSITION

Please identify area of service (i.e.: Group, Area, Regional & World). Position held and dates of service. If more space is required, please attach a separate sheet.

AREA	POSITION	DATES

Are there any commitments, which you have not completed? Yes No

If yes, please
explain: _____

Do you have an NA Sponsor? Yes No

Do you have a working knowledge of the 12 and 12? Yes No

Do you have a Home Group?..... Yes No

Do you have the necessary resources to fulfill this commitment?..... Yes No