

## 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 #: \_\_\_\_\_

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## 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: \_\_\_\_\_

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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