

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

**SECRETARY**

**TREASURER**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone# \_\_\_\_\_

Phone# \_\_\_\_\_

**Group Service Representative**

**Group Statistics**

Name: \_\_\_\_\_

Number of Members \_\_\_\_\_

Address: \_\_\_\_\_

Average Attendance: \_\_\_\_\_

Phone \_\_\_\_\_

Number of Newcomers: \_\_\_\_\_

**Topics For The Month**

**Group Needs**

1. \_\_\_\_\_

Literature: \_\_\_\_\_ Chips \_\_\_\_\_

2. \_\_\_\_\_

Meeting Schedules: \_\_\_\_\_

3. \_\_\_\_\_

Support, \_\_\_\_\_ Speakers \_\_\_\_\_

4. \_\_\_\_\_

Trusted Servants, \_\_\_\_\_

5. \_\_\_\_\_

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