KINGS BAY AREA SERVICE COMMITTEE OF NA GROUP REPORT

PLEASE SELECT A MAILING OPTION: ☐ Mail ☐ Email

DATE: _____

NEW GROUP: _____

GROUP'S NAME: _____

GROUP'S ADDRESS: _____

_____

DAY & TIME OF MEETING: _____

TYPE OF MEETING: _____

REPRESENT MORE THAN ONE GROUP: _____

IF YES, GROUP'S NAME:
(Indicate if Alternate)
_____

GSR OR ALTERNATE'S NAME: _____

YOUR MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

YOUR EMAIL ADDRESS: _____

TELEPHONE NUMBER: _____

AREA DONATION: $ _____ **LITERATURE PURCHASED: $** _____

COMMENTS: _____

_____

_____

_____

_____

_____

GROUP ANNIVERSARY – DATE: _____ *YEAR(S):* _____

INDIVIDUAL ANNIVERSARIES:

DATE:	*NAME OF CELEBRANT:*	*YEAR(S):*	*LOCATION:*