

## NEW GROUP REGISTRATION FORM

Your Name						Date		
<b>The Group Meeting Information</b>								
Group Name								
Month and Year this Group was formed:					This Group holds how many meetings per week?			
Physical Address and (if applicable) Building Name of Meeting Location:								
Does the Group meet the "Six Points Describing an NA Group", from "The Group Booklet - Revised"?						<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is the Group geographically located within or beyond another existing NA Area, outside of the GSSANA?						<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is the Group a member of, support through the 7th Tradition, or regularly participate in the meetings of any other Narcotics Anonymous ASCs, outside of the GSSANA?						<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does the group holds regular group conscience or business meetings which are open to all NA members who wish to observe?						<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Please complete the following information about your Group's meetings.</b>								
<i>Which day(s) and time(s) do you meet? Which meetings are opened or closed? Can you meeting be accessed by someone in a wheelchair? What is the format or topic for each meeting?</i>								
<b>Day of the Week</b>	Sunday <input type="checkbox"/>	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>	Saturday <input type="checkbox"/>	
<b>Open or Closed</b>	<input type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> Open <input type="checkbox"/> Closed	
<b>Meeting Start Time</b>								
<b>Meeting End Time</b>								
<b>WC Access</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Format/ Topic</b>								
Format Topic Key:								
BG: Beginners			D: Discussion			IP: Informational Pamphlet		
BT: Basic Text			SP: Speaker			CL: Candlelight Meeting		
SWG: Step Working Guide			AB: Ask-it-Basket			T: Tag		
ST: Step Study			JFT: Just for Today Meditation			SS: Sponsorship Booklet		
TR: Tradition Study			CC: Chairperson's Choice			CN: Concept Study		
<b>Please complete the following information about your Group's Contact Information and GSRs</b>								
Group GSR Name					Group Alt. GSR Name			
GSR Contact Information								
GSR Phone Number					GSR Email Address			
Alt. GSR Contact Information								
Alt. GSR Phone Number					Alt. GSR Email Address			
Group Mailing Address: <i>(Not the group's physical address. Typically a stable group member who will forward any information they receive)</i>								
<b>Administrative Use Only</b>				<i>Date group first attended ASC</i>				
<i>3 Months after first date of attendance: Has the group attended and been represented at 2 of the last 3 GSSANA ASC Meetings?</i>						<input type="checkbox"/> Yes		<input type="checkbox"/> No