

NRSCNA

NEBRASKA REGIONAL SERVICE COMMITTEE OF NARCOTICS ANONYMOUS

New Group Registration/Update Form

Group Name: _____ Group Code: _____

This group was formed (month/year): _____ Today's Date: _____

Area Service Committee: _____

Regional Service Committee: _____

Group Contact: _____ GSR / Alt GSR RCM Other: _____

Mailing Address: _____

Phone: _____ E-mail: _____

Group's Meeting Information

Meeting Days:	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Meeting Time							
Meeting Length							
Format *							
Open/Closed**							
Handicap Accessible							
Other ***							

*Format: Basic Text, It Works: How & Why, Step Study, Speaker etc

**Open - open to anyone interested in Narcotics Anonymous Closed - for addicts only

*** Other: Men's, Women's, Spanish, Candlelight, etc

Meeting Location

Old (if update)

New

Place/Building Name	Old (if update)	New
Special Directions		
Address		
City		
State		

Mail this form to: NRSCNA; P O Box 68501; Lincoln NE 68501 e-mail to: info@nebraskana.org

This form is also available as an editable file @ <http://www.nebraskana.org>