



TSRSCNA



Group Registration/Update Form

save (as Group Name) and email to: meetinglist@tsrscna.org

New Meeting

Meeting Update

Please complete all information (Please print clearly)

Group Code (if known) _____ Today's Date _____


Group Name _____

This group was formed (month/year) _____ This group holds _____ meeting(s) per week

Area Service Committee Name _____

Regional Service Committee Name _____

Group's Meeting Information

Meeting Days	Sun	Mon	Tues	Wed	Thur	Fri	Sat
Meeting Time							
Language(s)							
Format							
Wheelchair Accessible 	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Room Name							
Open/Closed*							

*Open NA meetings welcome addicts and interested observers; closed NA meetings welcome addicts only.

Meeting Location

OLD (if applicable)

NEW

Place / Building Name		
Address		
City		
Borough		
State		
Zip		

If this meeting is held in a correctional or treatment facility, are there special criteria for entry? _____

Group Contact Mailing Address

This is typically a stable group member who can forward any communication from NA World Services to the NA group.

This may or may not be a current group trusted servant, and is not usually the group's meeting location address.

Group Contact Name (first and last) _____

Address _____

City _____ State _____

Zip _____ Phone () _____

Email Address _____

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or mail this form to: TSRSCNA – Meeting List – PO Box 121 – Homestead PA 15120-0121