

NARCOTICS ANONYMOUS GROUP REGISTRATION FORM.

The purpose of this form is to establish or maintain the link between your group and the rest of N.A. We need the following information in order to list your group in the WORLD DIRECTORY; send you materials such as new literature, forthcoming News Letters and general correspondence. We also need this so that we may refer newcomers and new groups in your general area to your G.S.O. Please fill it out and return to us at--

P.O. BOX 632  
 SUN VALLEY, CA. 91352

Today's date: \_\_\_\_\_ STATE \_\_\_\_\_ CITY \_\_\_\_\_

- ( ) We're starting a new group; please send STARTER KIT and add us to the World Directory.
- ( ) There have been some changes; the following is updated information; please correct your records.

MEETING DAY: \_\_\_\_\_ TIME \_\_\_\_\_ A.M. ( ) P.M. ( )

TYPE OF MEETING: \_\_\_\_\_ OPEN ( ) CLOSED ( )

MEETING LOCATION: \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS: NAME \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SECRETARY: \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

TREASURER: \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

G.S.O.: \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

IF YOUR GROUP HAS ANY SPECIAL NEEDS OR PROBLEMS OR QUESTIONS, USE THE REVERSE SIDE OF THIS FORM TO COMMUNICATE THEM TO THE WORLD SERVICE OFFICE.

## NARCOTICS ANONYMOUS GROUP REGISTRATION FORM

The purpose of this form is to establish or maintain the link between your group and the rest of N.A. We need the following information in order to list your group in the World Directory, send you new materials; such as, new literature, forthcoming newsletters and general correspondence. We also need this so that we may refer newcomers and new groups in your general area to your G.S.O. PLEASE FILL OUT AND RETURN TO US AT —

N.A. World Service Office, Inc.  
P.O. Box 622  
Sun Valley, CA 91352

Today's Date \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

- Add us to WORLD DIRECTORY
- We're starting a new group; please send STARTER KIT
- There have been some changes; the following is updated information; please correct your records.

Meeting Day \_\_\_\_\_ Time \_\_\_\_\_  A.M.  P.M.

Type of Meeting \_\_\_\_\_  Open  Closed

Location of Meeting \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address: Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Secretary \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Treasurer \_\_\_\_\_ Phone ( ) \_\_\_\_\_

G. S. R. \_\_\_\_\_ Phone ( ) \_\_\_\_\_

*If your Group has any special needs, problems or questions, use the reverse side of this form to communicate them to the World Service Office.*

# WORLD DIRECTORY CORRECTION & UPDATE FORM

O = OLD  
N = NEW

PLEASE MAKE THE FOLLOWING CHANGES FOR OUR MEETING:

State	City	Day/Time	Type	Address
O	_____	_____	_____	_____
N	_____	_____	_____	_____
O	_____	_____	_____	_____
N	_____	_____	_____	_____

PLEASE DELETE THE FOLLOWING MEETINGS:

State	City	Day/Time	Type	Address
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PLEASE ADD THE FOLLOWING MEETINGS:

State	City	Day/Time	Type	Address
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Contact Person: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please include contact person for each new meeting. Use reverse side of this form for additional information if necessary.

HOTLINE CHANGES: \_\_\_\_\_  
\_\_\_\_\_

Please mail this form to:  
N.A. WORLD SERVICE OFFICE  
P.O. Box 9999  
Van Nuys, Calif. 91409

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P.O. BOX 622  
Sun Valley, Ca. 91352

Date. \_\_\_\_\_ State. \_\_\_\_\_ City. \_\_\_\_\_

- ( ) We're starting a new group, please send Starter Kit and add us to the World Directory.  
( ) There have been some changes; the following is updated information.

MEETING DAY. \_\_\_\_\_ TIME. \_\_\_\_\_ A.M.( ) P.M.( )

TYPE OF MEETING. \_\_\_\_\_ OPEN( ) CLOSED( )

MEETING LOCATION. \_\_\_\_\_

STREET. \_\_\_\_\_

CITY. \_\_\_\_\_ STATE. \_\_\_\_\_ ZIP. \_\_\_\_\_

MAILING ADDRESS  
NAME. \_\_\_\_\_

STREET. \_\_\_\_\_

CITY. \_\_\_\_\_ STATE. \_\_\_\_\_ ZIP \_\_\_\_\_

SECRETARY. \_\_\_\_\_ PHONE.( ) \_\_\_\_\_

TREASURER. \_\_\_\_\_ PHONE.( ) \_\_\_\_\_

G.S.R. \_\_\_\_\_ PHONE.( ) \_\_\_\_\_

IF YOUR GROUP HAS ANY SPECIAL NEEDS, PROBLEMS OR QUESTIONS, USE THE REVERSE SIDE OF THIS FORM TO COMMUNICATE THEM TO THE WORLD OFFICE.