

DATE: _____

GSR REPORT

GREATER MOBILE AREA OF NARCOTICS ANONYMOUS

Name of Group _____

Address _____

Meeting Day(s) and Time(s) _____

GSR _____

GSR Mailing Address _____

GSR Phone Number _____

GSR Alternate _____

Secretary _____

Treasurer _____

Average Attendance _____ Average Newcomer _____

Monthly Income _____ Donation to GMANA _____

“The purpose of the ASC is to provide service to the NA groups which the groups find difficult to perform alone.”

Are there any problems that the ASC can help your group with?

Announcements/Meeting Schedule Changes/Birthday's/ETC.

