

NA World Services



GROUP UPDATE FORM

(If the group is being registered for the first time, please use the New Group Registration Form.)

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	Commit	tee Name						
Group's Meeting Information								
Meeting Days	Sui	n Mon	Tues	Wed	Thur	Fri	Sat	
Meeting Time								
Language(s)								
Format								
Wheelchair Accessible								
Room Name								
Open/Closed*								
*Open NA meetings welcome addicts and interested observers; closed NA meetings welcome addicts only.								
Meeting Location								
OLD					NEW			
Place / Building Name								
Address								
City								
Borough / Sub-City								
State/Province								
Zip/Postal & Co	untry							
If this meeting is held in a correctional or treatment facility, are there special criteria for entry?								
Group Mailing Address								
This is typically a mailing address of 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								
Address								
City		Sta	State/Province					
Postal/Zip Country				Ph	Phone ()			
Email Address								

All registered NA groups receive a subscription to *The NA Way Magazine*. Please indicate your group's language preference: *(circle one)*: English - French - German - Portuguese - Spanish

We will send your NA Way Magazine to the above mailing address or email address, please indicate your group's preference:

(circle one): Email Address - Mailing Address