



## NEW GROUP REGISTRATION/UPDATE FORM


This form can be completed online at [www.na.org/?ID=updateforms-newregfm](http://www.na.org/?ID=updateforms-newregfm)

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**Please complete all information (Please print clearly)**

|                                    |  |
|------------------------------------|--|
| <b>Group Code</b> (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  |     |     |      |     |      |     |     |
| 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 / Sub-City    |  |  |
| State/Province        |  |  |
| Zip/Postal & Country  |  |  |

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/Province |  |
| Postal/Zip                          | Country | Phone (    )   |  |
| Email Address                       |         |                |  |