GROUP REGISTRATION / UPDATE FORM

Please complete all information (Please print clearly)

Today's Date _____

Group Name _____

This group holds _____ meeting(s) per week

Area Service Committee Name: Louisville Area _____

Regional Service Committee Name: Kentuckiana Region _____

Group's Meeting Information

Meeting Days	Sun	Mon	Tues	Wed	Thurs.	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 _____ County Phone _____
Email Address _____
Online Address _____

This information will be used to update PRINTED meeting Schedule. Please fill with current information