The Louisville Area Service Committee of Narcotics Anonymous

Nomination Submission Form

To be turned in 15 min. before the start of the meeting in duplicate: One copy to Area Chair / Executive Committee and one copy to the Policies and Procedures Chair / Subcommittee.

Date:_____

Position individual is nominated for:_____

Submitted by (Home Group / Subcommittee):_____

Nomination:_____

Have you consulted with the individual being nominated?

_____Yes _____No

Does this person meet the position guidelines?

_____Yes _____No

Has this person completed a service resume?

_____Yes _____No