



NEW GROUP REGISTRATION FORM

If you are updating group information, please use the Group Update Form.

Please complete all information & print clearly!

Group Name

Today's Date

This group was formed (month/year)

This group holds

meeting(s) per week

Area Name

Region Name

Group Mailing Address

The following information is necessary for any communications with the group.

Group Contact

Address

City

State/Province

Postal/Zip

Country

Phone ()

[] Please send our group *The NA Way Magazine* in English French German Portuguese Spanish (circle one)

Group's Meeting Information

Please indicate (O for open) (C for closed) next to meeting days below

Meeting Days	Sun	Mon	Tues	Wed	Thur	Fri	Sat
Meeting Time							
Language(s)							
Format							
Average weekly attendance							

Meeting Location

Place

Room

Address

City

Borough/Sub-City

State/Prov

Postal/Zip

Country

If this meeting is held in a correctional or treatment facility, what is the special criteria for entry?

"One of the most important things about our new way of life is being a part of a group of addicts seeking recovery. Our survival is directly related to the survival of the group and the Fellowship. To maintain unity within Narcotics Anonymous, it is imperative that the group remain stable, or the entire Fellowship perishes and the individual dies." Basic Text, page 59

PLEASE RETURN THIS TO: ARSCNA WebMaster, PMB 216; 860 Highway 62 East, Mountain Home AR 72653