

GROUP INSURANCE REGISTRATION FORM



Please complete all information (Please print clearly)

Group Name: _____ Today's Date: _____

_____ This group holds _____ meetings per week

Area Service Committee Name: _____ Avg. Attendance: _____

Regional Service Committee Name: Mid-Atlantic Region of Narcotics Anonymous _____

Group's Meeting Information – Include Set-up and Clean-up Time

Meeting Days	Sun	Mon	Tues	Wed	Thur	Fri	Sat
Meeting Time							
Meeting Time							
Meeting Time							
Meeting Time							
Meeting Time							
Meeting Time							
Meeting Time							

Meeting Location – EXACT ADDRESS REQUIRED!!

Building Name: _____

Address: _____ **City:** _____

_____ **State:** _____

Postal Zip: _____ **Country:** _____

Contact Info for the Meeting Place

This is typically an email address of a stable group member who can forward any communication from NA World Services or the Mid-Atlantic Region to the NA group. This may or may not be a current trusted servant, and is not the group's meeting location address.

Group Contact: _____

Address: _____ **City:** _____

State: _____ **Postal Zip:** _____ **Phone:** _____

Email Address: _____