Date Submitted: Submitted To: Date Update Takes Effect:					Stanislaus Valley Grou P.O. Box 578551 Modesto, CA 95357 www.svgna.org	ips of Narcotics Anonymous®
Your Name, Teleph	one # & Positior	ı:				
Fill in blank	s on this form <u>O</u>		v your meeting informo anges made on the Me		•	our meeting information.
			eeting Schedule Info I INFORMATION TH		_	
Meeting Information Needed:		OL	OLD Meeting Information		NEW Meeting Information	
Name of Group:						
Day & Time Group Meets:						
Name of Place & Address Where Group Meets:						
Use the in	formation below	, mark the correct	format(s) to ensure th	nat your meeting	g has the correct inform	ation and code applied.
Meeting Format Code Key -	□ BM = Birtl	nday Meeting	\square BS = Book Study \square C = CI		osed, Addicts Only	KT = Key Tag
	CL = Cand	elight Meeting	CW = Children Welcor	me	formation Pamphlet	MM = Men's Meeting
		Wheelchair	PS = Personal Stories		Questions & Answers	RF = Rotating Format
			SP = Speaker Meeting		tep Study	wm = Women's Meeting
		Atg. Verification	NC=No Children Allow		en, Non-Addicts Welcome	NCW = Newcomer Workshop
		itual Principles Topic		<u>'</u>		,

Return completed form to the Webservant at the monthly ASC meeting.