NARCOTICS ANONYMOUS

Loner Group Report Form

Group's Name :

Meeting Address :

Contact No. / Email :

Day & Timings :

Numbers of Recovery Meetings per week :

Number of Members attending meeting :

Average Numbers of Newcomers per month :

Service Structure of group / Service members of group :

How many Members in service with clean time :

Do your group follows the 7th Tradition of NA :

How do your group passes NA message to those who still suffers :

Any Problem your group is facing / Any help required from SOSONA :

Any Group Activity/Event which took place :