



Greater Middle Tennessee Area Service Committee
of Narcotics Anonymous (GMTA)

MOTION FORM

DATE SUBMITTED TO GMTA: _____

MOTION SUBMITTED BY:

Name: _____

Position: _____

Homegroup or Committee: _____

MOTION SECONDED BY:

Name: _____

Position: _____

Homegroup or Committee: _____

MOTION:

INTENT OF MOTION:

THIS SECTION TO BE COMPLETED BY AREA SECRETARY.

Motion #: _____

Disposition:

Motion sent back to home groups for review, communication and input.

Motion sent back to home groups for vote:

Passed Failed Tabled Dismissed Deferred Other _____

Vote Count: ___ YES ___ NO ___ Abstentions

Comments: