

Attendance Record for Alcoholics or Narcotics Anonymous Meeting

Name: _____

The above named individual is to attend Alcoholics/Narcotics Anonymous meetings. We will appreciate a member of the group signing this record of attendance at the end of each meeting. The applicant is expected to fill out all the columns with the expectation of the signature columns. Your cooperation is greatly appreciated.

AA/NA Meeting	Time	Date	Topic/Speaker	Signature of Chair Person or designee
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THIS FORM TO BE PLACED IN CASE FILE UPON COMPLETION