



# WASCNA



## Group Registration/Update Form

New Meeting

save (as Group Name) and email to: [webchair@wascna.org](mailto:webchair@wascna.org)

Meeting Update

Please complete all information (Please print clearly)

Group Code (if known)

Today's Date

Group Name

This group was formed (month/year)

This group holds

meeting(s) per week

Area Service Committee Name

Regional Service Committee Name

### Group's Meeting Information

Meeting Days	Sun	Mon	Tues	Wed	Thur	Fri	Sat
Meeting Time							
Language(s)							
Format							
Wheelchair Accessible 	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Room Name							
Open/Closed*							

\*Open NA meetings welcome addicts and interested observers; closed NA meetings welcome addicts only.

### Meeting Location

OLD (if applicable)

NEW

Place / Building Name		
Address		
City		
Borough		
State		
Zip		

If this meeting is held in a correctional or treatment facility, are there special criteria for entry?

### Group Contact Mailing Address

This is typically a stable group member who can forward any communication from NA World Services to the NA group.

This may or may not be a current group trusted servant, and is not usually the group's meeting location address.

Group Contact Name (first and last)

Address

City

State

Zip

Phone ( )

Email Address

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or mail this form to: WASCNA – Meeting List – P.O. Box 6837 – Wheeling, WV 26003