

COMPLIANCE DIVISION

NAME _____

REPORT FOR THE MONTH _____, 20____

This form may be used to document your weekly attendance at AA/NA meetings. You will need to provide the following information for each meeting attended (see example in first block):

- | | | | |
|-----------|---|-----------|---|
| D: | Date of Attendance | T: | Time of meeting |
| G: | Name of Group & City Where Located | V: | Signature or first name and last initial of person verifying your attendance |
| | | P: | Phone number of person verifying your attendance (The Board must be able to contact the person verifying using the phone number provided. Club house, Group Room and Church numbers are not acceptable.) |

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
D: G: T: V: P:						
D: G: T: V: P:						
D: G: T: V: P:						
D: G: T: V: P:						
D: G: T: V: P:						