

Date Submitted:

Submitted To:

Date Update Takes Effect:

Your Name, Telephone # & Position:



Stanislaus Valley Groups of Narcotics Anonymous®
P.O. Box 578399
Modesto, CA 95357
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Please review your meeting information on the Meeting Directory.

Fill in blanks on this form ONLY if you need changes made on the Meeting Directory or on the Website for your meeting information.

**Meeting Schedule Information Changes
(ONLY FILL IN INFORMATION THAT NEEDS TO BE CHANGED!)**

Meeting Information Needed:	OLD Meeting Information	NEW Meeting Information
Name of Group:		
Day & Time Group Meets:		
Name of Place & Address Where Group Meets:		

Use the information below, mark the correct format(s) to ensure that your meeting has the correct information and code applied.

Meeting Format Code Key -	<input type="checkbox"/> BM = Birthday Meeting	<input type="checkbox"/> BS = Book Study	<input type="checkbox"/> C = Closed, Addicts Only	<input type="checkbox"/> CH = Chip Meeting
	<input type="checkbox"/> CL = Candlelight Meeting	<input type="checkbox"/> CW = Children Welcome	<input type="checkbox"/> IP = Information Pamphlet	<input type="checkbox"/> MM = Men's Meeting
	<input type="checkbox"/> NW = No Wheelchair	<input type="checkbox"/> PS = Personal Stories	<input type="checkbox"/> QA = Questions & Answers	<input type="checkbox"/> RL = Revolving Literature
	<input type="checkbox"/> S = Smoking	<input type="checkbox"/> SP = Speaker Meeting	<input type="checkbox"/> SS = Step Study	<input type="checkbox"/> WM = Women's Meeting
	<input type="checkbox"/> NV = No Mtg. Verification	<input type="checkbox"/> NC = No Children Allowed	<input type="checkbox"/> O = Open, Non-Addicts Welcome	<input type="checkbox"/> NCW = Newcomer Workshop
	<input type="checkbox"/> SPT = Spiritual Principles Topic	<input type="checkbox"/> =		

Return completed form to the Public Information Representative at the monthly ASC meeting.