

GSR Report

Rcvd by: _____

Rcpt # _____

Date: _____ Passing on a donation? Yes No Amt \$ _____

Group Name Day Time

GSR Name, email & Phone Number

GSRA Name, email & Phone Number

Secretary Name, email & Phone Number

Treasurer Name, email & Phone Number

Average Group Size: _____ Newcomers? Yes No They Return? Yes No Sometimes

Is the group information current on the Meeting List? Yes No

Please list any changes: _____

In your own words, what action is the group you represent taking to further the primary purpose of Narcotics Anonymous? How can the Area Service Committee help?

Responsibilities to Newcomers

Greeting Newcomers
Giving them phone & meeting lists
Encouraging them to take literature
Asking them to attend business meetings and area functions
Involving them in group-level service

Announcing Pertinent NA News

Carrying the Message of Recovery in NA

Keeping topics positive, relevant and focused
Sharing experience, strength, and hope

Developing Unity

Reaching out to the addict who still suffers
Hugging addicts