

MOUNTAIN AREA OF NA GROUP REPORT

Group Name: _____ Date: _____

GSR: _____ Alternate: _____

Secretary: _____ Treasurer: _____

Proxy Rep.: _____ Average Meeting Attendance: _____

Treasury Report

Beginning Balance: _____

Contributions: _____

Rent: _____

Other Expenses: _____

Area Donation: _____

Balance (reserve): _____

Group News and Announcements

How can MASC support you better? _____

Changes? Time(s): _____ Day(s): _____

Location: _____

Format: _____