

Oakland County Area Group Report

For groups unable to participate in monthly Area Service Committee Meeting



Date of Report: _____

Group Name: _____

Day and Time of Meeting (s): _____

Day & Date of Business Meeting : _____

Average Attendance: _____ Average number of Newcomers: _____

Group Contact Name: _____ Contact Phone(_____)_____

Contact E-Mail: _____

Trusted Servant Positions Filled (Y = Yes or N = No)

Secretary: _____ Co-Secretary: _____ Treasurer: _____

Co-Treasurer: _____ GSR: _____ Co-GSR: _____

Financial Obligations Being Met: _____

Comments/Concerns: _____

Does your group have any needs, announcements etc. to share with the other Oakland County Area Groups? _____

Our group would like a contact from O.C.A.S.C.N.A. Outreach _____

Please complete and return this
form to :

oaklandareaoutreach@metrodetroit-na.org

(as of this date 3-2009 you may need to paste this form into an e-mail)