## **General Assistance**

## NA/AA Meeting Record 3 MEETINGS PER WEEK ARE DUE ON THE 1<sup>ST</sup> AND 15<sup>TH</sup> OF EVERY MONTH

ase Name:						Case Number					
	Date	Time	Place	*Secretary's Signature		Date	Time	Place	*Secretary's Signature		
1					1						
2					2						
3					3						
I hereby certify that I attended all the AA/NA meetings clean and sober, and stayed the full meeting.						I hereby certify that I attended all the AA/NA meetings clean and sober, and stayed the full meeting.					
Sig	Signature:					Signature:					
	Date	Time	Place	*Secretary's Signature		Date	Time	Place	*Secretary's Signature		
1					1						
2					2						
3					3						
an	I hereby certify that I attended all the AA/NA meetings clean and sober, and stayed the full meeting.  Signature:					and sober, and stayed the full meeting.  Signature:					
	Date	Time	Place	*Secretary's Signature		Date	Time	Place	*Secretary's Signature		
1					1						
2					2						
3					3						
Ιh	I hereby certify that I attended all the AA/NA meetings clean and sober, and stayed the full meeting.						I hereby certify that I attended all the AA/NA meetings clean and sober, and stayed the full meeting.				
	Signature:						Signature:				
	Date	Time	Place	*Secretary's Signature		Date	Time	Place	*Secretary's Signature		
1					1						
2					2						
3					3						
Ιh	I hereby certify that I attended all the AA/NA meetings clean and sober, and stayed the full meeting.						I hereby certify that I attended all the AA/NA meetings clean and sober, and stayed the full meeting.				
Sig	Signature:						Signature:				

IMG 611 WEL 4066 (5/26/2023)