

General Assistance**NA/AA Meeting Record****3 MEETINGS PER WEEK ARE DUE ON THE 1ST AND 15TH OF EVERY MONTH**

Case Name: _____ Case Number _____

	Date	Time	Place	*Secretary's Signature
1				
2				
3				

I hereby certify that I attended all the AA/NA meetings clean and sober, and stayed the full meeting.

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