

MEASCNA Trusted Servant Nomination Form

Date _____

Nomination for (position) _____

Nominee Name _____ Phone _____

Nominee Address _____

City _____ State _____ Zip _____

Area _____ Clean Date _____

Current NA Service Positions _____

Previous NA Service Positions (list only terms completed, give approximated start and end dates)

Group Level _____

Area Level _____

Regional Level _____

World Level _____

Services Positions Resigned (explain) _____

Have you stolen / lost NA funds (explain) _____

Have you made amends _____
