A. A. / N. A. ATTENDANCE VERIFICATION SHEET

NOTICE TO S	ECRETARIES: PLEASE DO NOT	SIGN UNLESS PE	RSON ATTENDED ENTIRE MEETING
DATE / TIME	NAME OF MEETING		SIGNATURE OF SECRETARY
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
PLEASE CHEC	CK AND RESPOND TO ALL THA	T APPLY:	
I have stayed sober this week / month (circle one)		I have a Home group Y or N (circle one), name of Home group:	
I have used this week / month (circle one), Y or N, if YES, specify:		My sobriety date is:	