H.A.M.A.S.C.N.A. TRUSTED SERVANT
NOMINEE FORM

PLEASE PRINT LEGIBLY

Nomination for position(s): _____
Nominee name: _____
City: _____
Phone: _____ **Clean Date:** _____

Do you have an NA Sponsor? _____
Do you have a working knowledge of the 12 steps? _____
Have you ever lost or stolen NA funds? _____
(If yes please explain) _____

<u>Current</u> N.A. Service Position(s):

Group Level:

1. _____
2. _____
3. _____

Area Level:

1. _____
2. _____
3. _____

Regional Level:

1. _____
2. _____
3. _____

<u>Previous</u> N.A. Service Positions: ***(These are not in numerical order according to dates.)***
(List only completed terms; give approximate start and end dates for each term.)

1. _____
2. _____
3. _____

Service Positions Resigned (Explain):

1. _____
2. _____

Seconded by: _____