

**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) _____.

Current N.A. Service Position(s):

Group Level:

1. _____
2. _____
3. _____
4. _____

Area Level:

1. _____
2. _____
3. _____

Regional Level:

1. _____
2. _____

Previous N.A. Service Positions:

(List only completed terms; give approximate start and end dates for each term.)

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Service Positions Resigned (Explain):

1. _____
2. _____
3. _____

Nominator _____