*The Louisville Area Service Committee of Narcotics Anonymous*

Nomination Submission Form

To be turned in 15 min. before the start of the meeting in duplicate: One copy to Area Chair / Executive Committee and one copy to the Policies and Procedures Chair / Subcommittee.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position individual is nominated for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submitted by (Home Group / Subcommittee): \_\_\_

Nomination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you consulted with the individual being nominated?

\_\_\_\_\_Yes \_\_\_\_\_No

Does this person meet the position guidelines?

\_\_\_\_\_Yes \_\_\_\_\_No

Has this person completed a service resume?

\_\_\_\_\_Yes \_\_\_\_\_No