

**Northern California Area
Nar-Anon Family Group**

**District / Alternate District Representative
Group /Alternate Group Representative**

REGISTRATION FORM

The District submits the following name to the Northern California Area for acknowledgement as an authorized District / Alternate District Representative or Group / Alternate Group Representative until otherwise notified.

Check one:

District Representative

Alternate District Representative

Group Representative

Alternate Group Representative

NAME: _____

ADDRESS: _____

PHONE #: _____

E-MAIL: _____

DISTRICT: _____

GROUP: day & time: _____

location: _____

Complete the following if registering a new DR / GR Representative:

Previous DR / GR Representative: _____

Effective Date: _____

Submitted by: name: _____

position: _____

Date: _____