

LCASC Directories Subcommittee Guidelines

I. Purpose

- A. To provide the Groups and the subcommittees with an accurate monthly directory of NA meetings in the Lane County Area.
- B. To assist Groups of the LCASC to register with NAWS.
- C. To assist Groups of the LCASC to update their registration information with the NAWS as changes occur.

II. Chairperson

A. Qualifications

1. Minimum clean time of 2 years.
2. Willingness and resources to perform the duties of office.
3. Knowledge of the Twelve Steps, Twelve Traditions and the Twelve Concepts of NA.

B. Duties

1. Produces monthly LCASC meeting list and distributes to the Groups at the LCASC meeting.
2. Verifies accuracy of meeting list information by contacting Groups at the LCASC monthly meeting, phone contact with Group members and following the guidelines listed under Article III, Section C, "Guidelines for Adding NA Meetings to the Meeting Directory."
3. Submits new group registration forms and group update forms to NAWS.
4. Notifies NAWS when meeting are no longer meeting.
5. Gives Subcommittee report at each LCASC meeting including monthly financial report.

III. LCASC Meeting List

A. Contents

1. Name of Meeting/Group, Time, Location, and any meeting code for each meeting.
2. Time and location of next LCASC meeting.
3. LCASC Address.
4. LCASC Helpline Phone number and web page address.
5. Subcommittee meeting time, location and contact phone number.
6. Lane County Area events and activities can be listed up to 60 days in advance and will be removed after the event.
7. Ad Hoc committee meeting time, location and contact phone number.
8. NAWS address, phone number and Internet web page address.

B. Meeting Codes

W - Wheel Chair access to meeting
C - Closed NA meeting
O - Open
WM - Women's Meeting
M - Men's Meeting
SN - Support Needed

LS - Literature Study
NC - No Children
CW - Children Welcome
HE - Habla Espanol
MD - Meditation

C. Process for Adding Meeting to the Meeting List

1. NA Groups that have attended the LCASC meeting at least once and have been recognized by the body (simple majority vote), as a new NA meeting will be added to the LCASC meeting list. An NA Meeting is defined as a meeting held by an NA Group at a regularly scheduled time and place and the Group follows the guidelines in the "Guide to Local Service" under "What is an NA Group."
2. The Directories Subcommittee will provide LCASC Meeting List Registration and NAWS Group registration forms to each Group. Each LCASC Meeting List Registration form must be returned to the Directories Subcommittee prior to the meeting being posted on the LCASC Meeting List.
3. Every Group listed on the LCASC Meeting List is responsible for providing accurate contact information for a Representative of that Group to the Directories Subcommittee.
4. Every Group Listed on the LCASC Meeting List is responsible for providing current Meeting and Contact information at least once every two (2) consecutive LCASC Meetings by phone, in writing or in person.
5. Directories Subcommittee will attempt contact once by phone or in writing (this includes email, if available), to any Group/Meeting that has not provided current Meeting and Contact information within the allotted two (2) LCASC Meetings.

D. Process for Removing NA Meetings from LCASC Meeting List

1. Any Meeting/Group submitting a removal request in writing will be removed, as requested, from the LCASC Meeting List and, upon request, from the NAWS Meeting Registry.
2. If contact has not been established upon following the Guidelines provided in Article III, Section C, Items 4 and 5 of the Directories Subcommittee Guidelines, Directories Subcommittee will notify LCASC at the first LCASC Meeting following the contact attempt. *(Before a meeting can be removed from the Directories Meeting List, the meeting MUST be visited by the Directories Chair or their designated delegate to be certain of the meeting's existence).*
3. If no Contact has been established and all above guidelines have been followed, a Meeting will be removed from the LCASC Meeting List after three (3) consecutive LCASC Meetings and upon Simple Majority Vote by the LCASC Body Present at that third (3rd) LCASC Meeting.
4. Any Meeting/Group that has been removed from the meeting list can be added to the LCASC Meeting List by following the Guidelines outlined in Article III, Section C of the Directories Subcommittee Guidelines.

LCASC Meeting List Registration Form

Registration Date: _____

Meeting Name: _____

Meeting Time: _____ Meeting Day: _____

Address: _____

Additional Location Instructions: _____

Meeting Codes: _____

W - Wheel Chair access to meeting
C - Closed NA meeting
O - Open
WM - Women's Meeting
M - Men's Meeting

LS - Literature Study
NC - No Children
CW - Children Welcome
HE - Habla Espanol
MD - Meditation

Group Contact Information

Name: _____

Address: _____

Phone: _____

Email: _____

CHANGES CAN BE MADE AT EACH LCASC MEETING

It is the Groups responsibility to keep the Group Contact Information and Meeting Information Current.

LCASC Meeting List Change Form

Registration Date: _____

Meeting Name: _____

Meeting Time: _____

Address: _____

Additional Location Instructions: _____

Meeting Codes: _____

W - Wheel Chair access to meeting
C - Closed NA meeting
O - Open
WM - Women's Meeting
M - Men's Meeting

LS - Literature Study
NC - No Children
CW - Children Welcome
HE - Habla Espanol
MD - Meditation

Group Contact Information

Name: _____

Address: _____

Phone: _____

Email: _____

CHANGES CAN BE MADE AT EACH LCASC MEETING

It is the Groups responsibility to keep the Group Contact Information and Meeting Information Current.

NEW GROUP REGISTRATION FORM

(If you are updating group information, please use the Group Update Form.)


“One of the most important things about our new way of life is being a part of a group of addicts seeking recovery. Our survival is directly related to the survival of the group and the Fellowship. To maintain unity within Narcotics Anonymous, it is imperative that the group remain stable, or the entire Fellowship perishes and the individual dies.” Basic Text, page 59.

In the spirit of this quote, NA World Services thanks you for making this effort to forward your group’s meeting information.

Please complete all information (Please print clearly)

Group Name	Today's Date
This group was formed (month/year)	This group holds meeting(s) per week
Area Service Committee Name	
Regional Service Committee Name	

Group’s Meeting Information

Meeting Days	Sun	Mon	Tues	Wed	Thur	Fri	Sat
Meeting Time							
Language(s)							
Format							
Wheelchair Accessible 							
Room Name							
Open/Closed*							

*Open NA meetings welcome addicts and interested observers; closed NA meetings welcome addicts only.

Meeting Location

Place / Building Name	
Address	City
Borough/Sub-City	State/Province
Postal/Zip	Country
If this meeting is held in a correctional or treatment facility, are there special criteria for entry?	

Group Mailing Address

This is typically a mailing address of a stable group member who can forward any communication from NA World Services to the NA group. This may or may not be a current group trusted servant, and is not usually the group’s meeting location address.

Group Contact		
Address		
City	State/Province	
Postal/Zip	Country	Phone ()
Email Address		

All registered NA groups receive a subscription to **The NA Way Magazine**. Please indicate your group’s language preference: (circle one): English - French - German - Portuguese - Spanish

We will send your **NA Way Magazine** to the above mailing address or email address, please indicate your group’s preference: (circle one): Email Address - Mailing Address

GROUP UPDATE FORM

(If the group is being registered for the first time, please use the New Group Registration Form.)

Please complete all information (Please print clearly)

Group Code (if known) _____ Today's Date _____

Group Name _____

This group was formed (month/year) _____ This group holds _____ meeting(s) per week

Area Service Committee Name _____

Regional Service Committee Name _____

Group's Meeting Information

Meeting Days	Sun	Mon	Tues	Wed	Thur	Fri	Sat
Meeting Time							
Language(s)							
Format							
Wheelchair Accessible							
Room Name							
Open/Closed*							

**Open NA meetings welcome addicts and interested observers; closed NA meetings welcome addicts only.*

Meeting Location

OLD

NEW

Place / Building Name		
Address		
City		
Borough / Sub-City		
State/Province		
Zip/Postal & Country		

If this meeting is held in a correctional or treatment facility, are there special criteria for entry? _____

Group Mailing Address

This is typically a mailing address of a stable group member who can forward any communication from NA World Services to the NA group. This may or may not be a current group trusted servant, and is not usually the group's meeting location address.

Group Contact _____

Address _____

City _____ State/Province _____

Postal/Zip _____ Country _____ Phone () _____

Email Address _____

All registered NA groups receive a subscription to *The NA Way Magazine*. Please indicate your group's language preference: (circle one): English - French - German - Portuguese - Spanish

We will send your *NA Way Magazine* to the above mailing address or email address, please indicate your group's preference: (circle one): Email Address - Mailing Address

Please return this form to: NA World Services, PO Box 9999, Van Nuys, CA 91409, USA

All NAWS Group Registration and Update Forms, available in various languages, can be downloaded or completed online at

www.na.org/updateforms/newregfm.htm