

12-Step MEETING VERIFICATION FORM

NAME: _____
(Printed First Name Last Initial)

MONTH: _____ **YEAR: 20** _____

*** I HEREBY CERTIFY AS SECRETARY OF AN AA OR NA MEETING THE BEARER OF THIS FORM ATTENDED A MEETING SOBER & STAYED FOR THE ENTIRE MEETING. PLEASE DO NOT VERIFY MEETINGS IF NAME IS NOT COMPLETED!!**

	Date of Meeting	Time of Meeting	Name & Location Of Meeting	TOPIC Or Speaker Name	* Signature of Meeting Secretary
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You must have the secretary of the meeting sign this form AFTER THE MEETING HAS ENDED.

Please include the date of the meeting, the location and the time. Please submit this form to your GF/CM monthly. Upon completion of each month, sign and return the original with your Monthly Self Report (MSR). Please keep a copy for your records, but send the ORIGINAL to the office. Before mailing your form, please complete the following attestation:

**I HEREBY CERTIFY THAT I ATTENDED ALL THE 12-STEP MEETINGS CLEAN & SOBER
AND STAYED FOR THE FULL MEETING**

FULL NAME PRINTED: _____ **SIGNATURE:** _____