



## **SASCNA Trusted Servant Nominee Form**

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

Nomination for (position): \_\_\_\_\_

Nominee Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Current NA Service Position(s): \_\_\_\_\_

**Previous NA Service Positions (list only terms completed, give approximate start and end date for each term):**

Group Level: \_\_\_\_\_

Area Level: \_\_\_\_\_

Regional Level: \_\_\_\_\_

World Level: \_\_\_\_\_

Service Positions Resigned (explain): \_\_\_\_\_

Have You Stolen or Lost NA Funds? (explain): \_\_\_\_\_

How Have You Made Amends?: \_\_\_\_\_

Do you have an NA sponsor and are you currently working NA steps?: \_\_\_\_\_