



# COASCNA- Trusted Servant Nominee Form

*(Please Print Legibly)*

**Position:** \_\_\_\_\_

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

**Nominee Email Address:** \_\_\_\_\_

**Home Group:** \_\_\_\_\_ **Clean Date:** \_\_\_\_\_

**Current NA Service Position(s):** *(please list start date)*

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**Previous NA Service Positions:** *(Please give approximate start and end dates)*

**Group Level:**

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**Area Level:**

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**Regional Level:**

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**World Level:**

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |

**Service Positions Resigned** *(Explain)*

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |

**Have you stolen or lost NA funds?** *(Explain whether or not amends were made)*

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |

**Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_ **Abstain:** \_\_\_\_\_

*For COASCNA Secretary use only*

Nominated by: \_\_\_\_\_

Seconded by: \_\_\_\_\_