

SUSQUEHANNA AREA SERVICE COMMITTEE

OF NARCOTICS ANONYMOUS

MOTION FORM

Maker: _____ Second: _____

Motion:

Intent:

Financial Impact:

Date: _____

Tabled Until: _____

Policy Motion: Yes No (Circle One)

Accepted By: _____

For: _____

Against: _____

Abstain: _____

PASS / FAIL / WITHDRAWN / OUT-OF-ORDER (Circle One)