

**GENERAL SERVICES REPRESENTATIVE FORMS  
AREA SERVICE MONTHLY MEETING**

**DATE:** \_\_\_\_\_

**Name of Homegroup:** \_\_\_\_\_

**GSR/Alt. GSR:** \_\_\_\_\_

**Time and Location of meeting**

\_\_\_\_\_

**Attendance:** \_\_\_\_\_

**Briefly summarize any areas of progress at your last meeting**

\_\_\_\_\_  
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**Please indicate any problems that may cause difficulties in fulfilling the group's primary purpose in carrying the message of recovery**

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