

GAASC Election Form

Nominee: _____

Position _____

Nominated By: _____

Second: _____

Clean Date: _____

Do you have a home group: Yes _____ **No** _____

Do you have working Knowledge of the NA 12 Steps, Traditions, & Concepts

Yes _____ **No** _____

Have you been removed from office at the GAASC in the last six months?

Yes _____ **No** _____

Are you currently a GSR, Alt. GSR or do you currently hold another GAASC position?

Yes _____ **No** _____

GSR's For _____ **Against** _____ **Abstaining** _____

Elected: Yes _____ **No** _____