# ATTACHMENT #1

**Literature priority document to be reviewed by each region when reviewing CAR**

The following list of recovery literature is compiled from requests and submissions to the World Service Literature Committee. As required by the Guide to World Services, this list is to be compiled and summarized biennially for presentation to the WSC for consideration and prioritization. We ask that attendees of the 2016 WSC gather information from their regions and number each item on this list from 1 to 12 (1 being highest priority) by placing a number in the box next to the title. These forms will be collected and tallied at the WSC. The results will be given to the World Service Literature Committee for literature to be written, reviewed, expanded, and/or edited before going through the approval process for recovery literature (found on page 24 of the Guide to World Services).

Commencement of work is dependent upon LitCom receiving writings from the fellowship.

<table>
<thead>
<tr>
<th>Priority 1-12</th>
<th>Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Traditions 1-12 for Nar-Anon 36</td>
<td>The Twelve Traditions section to be included in the Nar-Anon 36.</td>
</tr>
<tr>
<td></td>
<td>Narateen - 31 Days*</td>
<td>A book of stories written by Narateen members with a page for each day of the month.</td>
</tr>
<tr>
<td></td>
<td>Concepts 1-12 for Nar-Anon 36*</td>
<td>The Twelve Concepts of Service section to be included in the Nar-Anon 36.</td>
</tr>
<tr>
<td></td>
<td>Fourth Step workbook*</td>
<td>A companion workbook to the Nar-Anon 36 for working Step Four.</td>
</tr>
<tr>
<td></td>
<td>Parents of Addicted Minors*</td>
<td>A pamphlet for the parents of addicted minor children.</td>
</tr>
<tr>
<td></td>
<td>7th Tradition pamphlet*</td>
<td>A pamphlet explaining the Seventh Tradition beyond the basket and for our personal recovery.</td>
</tr>
<tr>
<td></td>
<td>Adult Children of Addicts*</td>
<td>A pamphlet for adults who have been affected by a parent’s addiction.</td>
</tr>
<tr>
<td></td>
<td>What Now? (When active addiction ends)*</td>
<td>A pamphlet to help members move forward with recovery when active addiction is no longer a part of their lives.</td>
</tr>
<tr>
<td></td>
<td>Why Nar-Anon?</td>
<td>An insert to help members understand Nar-Anon’s primary purpose.</td>
</tr>
<tr>
<td></td>
<td>Pamphlet for men*</td>
<td>A pamphlet directed toward the men in the fellowship.</td>
</tr>
<tr>
<td></td>
<td>Addiction in marriage*</td>
<td>A pamphlet for members whose spouse has a problem with addiction.</td>
</tr>
<tr>
<td></td>
<td>Narateen – Steps 1 – 12*</td>
<td>The Twelve Steps for Narateen members.</td>
</tr>
</tbody>
</table>

*There is no written material at this time.*
ATTACHMENT #2

Motion 12, re: Sample Beginner Format after "General Suggestions for a Six-Week Series of Beginner Meetings"

Note – Motion is to add the existing conference approved meeting format to the GLS

Sample Format for Beginner Meetings
(All readings are from the Nar-Anon Blue Booklet)

[Before the meeting, check this week’s agenda from the Six-Week Series of Beginner Meetings listed in The NFG Guide to Local Services (GLS) on page 3-8]

Leader/Chair - Hello, my name is ___________________. Welcome to our Nar-Anon Family Group beginner’s meeting. Let’s open the meeting with a moment of silence followed by the Serenity Prayer on page 1.

Please silence all electronic/digital devices.

Leader/Chair reads the Preamble on page 2.

Leader/Chair reads the Newcomer’s Welcome on page 3.

If there are Narateen meetings in the area, Leader/Chair - We also have Narateen meetings that are a part of the Nar-Anon fellowship for teenagers who are affected by someone else’s addiction. Locations and times can be found on our meeting list.

Leader/Chair - In the spirit of anonymity, please introduce yourselves using first names only.

Leader/Chair - Ask members to read the following:
Page 7 Twelve Steps
Page 8 Twelve Traditions

Leader/Chair - As newcomers, we may believe we are here for the addicts, and by attending these meetings we will find out how to stop them from using. In fact, we are here because our lives are affected by our loved ones’ addiction. Therefore, we can identify with Nar-Anon’s First Step which states, “We admitted we were powerless over the addict – that our lives had become unmanageable.” We discover the disease of addiction affects our loved ones’ actions and behaviors. We soon learn we did not cause the addicts to use, we cannot control their actions, nor can we cure their addiction. We find we are here for ourselves.

Leader/Chair - We suggest attending the entire series of six beginner meetings in order to understand how Nar-Anon can help. In this meeting we encourage you to ask questions about our program and how our meetings work. However, when attending regular Nar-Anon meetings, we take turns sharing our experiences. We do not ask questions or comment on what others say, as this would be considered crosstalk. During this meeting, please feel free to share if you are comfortable, or you may pass and just listen. Keep an open mind when listening to others share. Take what you like and leave the rest. Remember, everything shared in this meeting is confidential. We will protect your anonymity and ask that you protect ours.
Leader/Chair - We have found help in the Nar-Anon Twelve Step Program where we learn about the disease of addiction. One of the ways we do this is by reading conference approved literature, also known as CAL. At meetings, we share and listen to members’ experience, strength, and hope. Help can be found by communicating with members before and after meetings, through phone calls, emails, or texting. We can also develop a relationship with a sponsor.

Leader/Chair follows the week’s agenda as defined in the GLS by reading the suggested CAL, encouraging an open discussion, and answering questions.

At the close of the meeting, Leader/Chair - As this is an anonymous program, we ask all members and visitors to respect our anonymity. The stories you heard were told in confidence and should not be repeated outside. They are told so that we might better understand this program and ourselves, and to give encouragement and help to the new members.

After a moment of silence, close the meeting with the Serenity Prayer.

World Service Office
Nar-Anon Family Group Headquarters, Inc.
23110 Crenshaw Blvd., Suite A
Torrance, CA 90505
(310) 534-8188

Email: wso@nar-anon.org
www.nar-anon.org

(S-319-14-8-12)
ATTACHMENT #3

Motion 13, “Group/Alternate Group Service Representative Registration Form” (Remove)

GROUP/ALTERNATE GROUP SERVICE REPRESENTATIVE REGISTRATION FORM

The area submits the following name to the region for acknowledgment as an authorized group/alternate group service representative, until notified otherwise.

CHECK ONE: GROUP SERVICE REPRESENTATIVE [ ] / ALTERNATE [ ]

Name: ________________________________
Address: ________________________________
Phone Number: __________________________
Area: ________________________________
Group: ________________________________

COMPLETE THE FOLLOWING IF REGISTERING A NEW GROUP SERVICE REPRESENTATIVE:

Previous Group Service Representative: ________________________________
Effective Date: ________________________________
Submitted by:
Name: ________________________________
ASC Position: ________________________________
Signature: ________________________________ Date: __________________
ATTACHMENT #4

Motion 13, "Group/Alternate Group Service Representative Registration Form" (Replace)

Group Service Representative (GSR) and Alternate GSR Registration Form

The Area, or a Group unaffiliated with an Area, submits the following name to the Region for acknowledgement as an authorized GSR or Alt GSR for registration with the Region.

SECTION A:

Position: GSR [ ] Alternate GSR [ ] Effective Service Start Date: ____________________________

Member Name First and Last/Initial: ______________________________________________________

Email address: ___________________________________________ Phone: _______________________

Mailing Address: ______________________________________________________________________

City: ___________________________ State: _______ Zip: _______________________

Group Name: ___________________________ Area: ________________________________

Group Location: Address: ______________________________________________________________________

City: ___________________________ State: _______ Zip: _______________________

SECTION B:

Was there a previous GSR or Alternate GSR for this Group? Yes [ ] Continue. No [ ] Proceed to Section C or D, as applicable.

Previous: GSR [ ] Alternate GSR [ ] Effective Service End Date: ____________________________

First and Last Name/Initial: ______________________________________________________________

SECTION C:

ASC Officer Signature: ___________________________ /Print: ____________________________

Area: ___________________________ Position: ___________________________ Date: __________

SECTION D:

The Region Service Committee Officer accepts the above-named member as an authorized Representative for an unaffiliated Group.

RSC Officer Signature: ___________________________ /Print: ____________________________

Position: ___________________________ Date: __________
ATTACHMENT #5

Motion 14, "Group/Alternate Group Service Representative Substitution Form" (Remove)

GROUP/ALTERNATE GROUP SERVICE REPRESENTATIVE

SUBSTITUTION FORM

For purposes of group representation at the assembly, the area hereby submits the following name(s), acting on behalf of the group(s) in place of the group service representative/alternate group service representative(s) for the following group(s):

Name: ________________________________
Group: ________________________________

Name: ________________________________
Group: ________________________________

Name: ________________________________
Group: ________________________________

Name: ________________________________
Group: ________________________________

Area: ________________________________

Submitted by:
Name: ________________________________
ASC Position: __________________________

Signature: _____________________________ Date: ________________
ATTACHMENT #6

Motion 14, "Group/Alternate Group Service Representative Substitution Form" (Replace)

Assembly Registration Form

Assembly Date: ________________

The Area, or a Group unaffiliated with an Area, submits the following names to the Region for acknowledgment as an authorized voting Group Service Representative, Alternate Group Service Representative, or Group Substitute at the above dated assembly.

SECTION A:
Member Name: First and Last/Initial: ______________________________________________________

Group Name: ________________ Position: GSR [  ] Alternate GSR [  ] Group Substitute [  ]

Email address: _____________________________________________ Phone: ____________________

Member Name: First and Last/Initial: ______________________________________________________

Group Name: ________________ Position: GSR [  ] Alternate GSR [  ] Group Substitute [  ]

Email address: _____________________________________________ Phone: ____________________

Member Name: First and Last/Initial: ______________________________________________________

Group Name: ________________ Position: GSR [  ] Alternate GSR [  ] Group Substitute [  ]

Email address: _____________________________________________ Phone: ____________________

Member Name: First and Last/Initial: ______________________________________________________

Group Name: ________________ Position: GSR [  ] Alternate GSR [  ] Group Substitute [  ]

Email address: _____________________________________________ Phone: ____________________

SECTION B:
ASC or RSC Officer, as applicable:

Signature: _____________________________________________ Print: __________________________________

Area: __________________________ Position: _________________________ Date: ________________
STRENGTH THROUGH SERVICE
NAR-ANON WORLD SERVICE CONFERENCE 2016

SECTION C:
Non-voting Nar-Anon members, please complete the following Section to register for the Assembly.

Member Name: First and Last/Initial: ______________________________________________________

Email address: _____________________________ Phone: ______________________

Group Name/City: _____________________________ Position: ______________________
Motion 34, “Sample Format for Narateen Meetings”

Note – Motion is to move location of the existing conference approved meeting format in the GLS

Sample Format for Narateen Meetings

(All readings are from the Nar-Anon Blue Booklet)

Leader/Chair - Hello, my name is ____________________________. Let's open the meeting with a moment of silence followed by the Serenity Prayer.

- At this time we ask you to please silence your cell phones and avoid texting during the meeting.

- Is anyone here for their first, second, or third meeting? If so, please introduce yourself by your first name only so we may welcome you.

Leader/Chair - Read the Narateen Welcome.

Leader/Chair - Ask members to introduce themselves, using first names only.

Leader/Chair - Ask members to read the following:
Page 7 Twelve Steps
Page 8 Twelve Traditions
Page 12 Keeping Our Meetings Healthy

Leader/Chair - Ask members to read one or more of the following:
Page 2 Mission Statement; Vision Statement
Page 4 The Family
Page 5 Changing Ourselves
Page 6 About Addiction
Page 13 Helping
Page 15 Just for Today

Leader/Chair - Once the meeting has opened, we only read from conference approved literature listed on the NFGH literature order form located on the Nar-Anon World Service website. If you wish to purchase literature, please visit the literature table.

Leader/Chair - Ask for Secretary’s report and Narateen related announcements.

Leader/Chair - Ask meeting facilitator(s) if he/she has any announcements.

Leader/Chair - Our Seventh Tradition says that every group ought to be fully self-supporting. We pass the basket around for contributions to be used for purchasing literature from WSO (World Service Office), to pay rent, and to make donations to service areas beyond the group level.

Leader/Chair - Anything you hear today is strictly the opinion of the person sharing. The principles of Narateen are found in our Twelve Traditions and Twelve Steps. If a member says something here you cannot accept, remember they are merely speaking from their own experience. They are not speaking for Narateen. When you leave the meeting take home those thoughts that will be most helpful to you, forget those you feel will not be helpful, and keep coming back.
Leader/Chair - During the meeting only one person speaks at a time; we do not engage in crosstalk. We speak only about our own experiences and feelings. We accept without comment what others say because it is true for them. We will be happy to discuss your questions after the closing prayer.

Leader/Chair - Introduce the speaker or announce and share on the topic.
The topic for this meeting is ______________________.

Leader/Chair - Open the sharing to the other members.
Please try to limit sharing to between three and five minutes per person. The last 15 minutes of the meeting can be reserved for newcomers to share.

At the close of the meeting, leader/chair says - Let’s thank everyone for a great meeting.

As this is an anonymous program, we ask all members and visitors to respect our anonymity. The stories you heard were told in confidence and should not be repeated outside. They are told so we may better understand this program and ourselves and to give encouragement and help to the new members.

After a moment of silence, we will end our meeting with the Serenity Prayer.
NARATEEN GROUP REGISTRATION FORM – WORLD SERVICE OFFICE

Narateen Groups are registered with the World Service Office (WSO) with the understanding that they will abide by all the Nar-Anon traditions, Narateen Safety Guidelines (S-332) and have no outside affiliation. This form MUST be submitted to WSO by the region Narateen Process Person (NPP).

NPP Name (print) ____________________________   Signature_________________________________

The following information will bring our files up to date. Please fill out and return as soon as possible. Please notify this office of all changes as they occur. Thank you.

GROUP CODE: _____________  DATE GROUP STARTED __________________________

GROUP _______________________  DAY __________  TIME ______________

MEETING LOCATION __________________________________________________________

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

Secretary

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Telephone</th>
<th>Email</th>
</tr>
</thead>
</table>

Group Service Rep. (GSR)

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Telephone</th>
<th>Email</th>
</tr>
</thead>
</table>

Alternate GSR

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Telephone</th>
<th>Email</th>
</tr>
</thead>
</table>

Narateen Facilitators and phone numbers assigned to the group. There must be at least two certified facilitators registered for each Narateen meeting.

Narateen Facilitator

<table>
<thead>
<tr>
<th>Full Name and WSO Narateen Facilitator #</th>
<th>Telephone</th>
</tr>
</thead>
</table>

Narateen Facilitator

<table>
<thead>
<tr>
<th>Full Name and WSO Narateen Facilitator #</th>
<th>Telephone</th>
</tr>
</thead>
</table>
Please return this form to:

Nar-Anon Family Groups, Inc.
23110 Crenshaw Blvd., Suite A
Torrance, CA 90505
310-534-8188 / 800-477-6291
www.nar-anon.org
Email: WSO@nar-anon.org
ATTACHMENT #9

Motion 39, re: “Nar-Anon Group Registration Form – World Service Office”

NAR-ANON GROUP REGISTRATION FORM – WORLD SERVICE OFFICE

Groups are registered with the World Service Office (WSO) with the understanding that they will abide by all the Nar-Anon traditions and have no outside affiliation.

The following information will bring our files up to date. Please fill out and return as soon as possible. Please notify this office of all changes as they occur. Thank you.

<table>
<thead>
<tr>
<th>GROUP CODE___________</th>
<th>DATE GROUP STARTED ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROUP __________________</td>
<td>DAY _______ TIME _______</td>
</tr>
</tbody>
</table>

MEETING LOCATION

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

Secretary (or Narateen Facilitator)

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Telephone</th>
</tr>
</thead>
</table>

| Street Address | City | State | Zip |

Treasurer

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Telephone</th>
<th>Email</th>
</tr>
</thead>
</table>

| Street Address | City | State | Zip |

Group Service Rep. (GSR)

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Telephone</th>
<th>Email</th>
</tr>
</thead>
</table>

| Street Address | City | State | Zip |

Alternate GSR

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Telephone</th>
<th>Email</th>
</tr>
</thead>
</table>

| Street Address | City | State | Zip |

We need a few people from each group who are willing to have their first names and phone numbers listed with us. Newcomers often need directions to a meeting in your area. Thank you for your help.

12 Step Contact

<table>
<thead>
<tr>
<th>First Name and Last Initial</th>
<th>Telephone</th>
</tr>
</thead>
</table>

Nar-Anon Family Groups | 2016 CAR Attachments
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12 Step Contact

<table>
<thead>
<tr>
<th>First Name and Last Initial</th>
<th>Telephone</th>
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</table>

12 Step Contact

<table>
<thead>
<tr>
<th>First Name and Last Initial</th>
<th>Telephone</th>
</tr>
</thead>
</table>

Please return this form to:

Nar-Anon Family Groups, Inc.
23110 Crenshaw Blvd., Suite A
Torrance, CA  90505

For Office Use Only
ATTACHMENT #10

Motion 40, "Outreach Information Cover Sheet for Family and Friends of Addicts"

NAR-ANON FAMILY GROUPS

Affected by someone else’s addiction?

Nar-Anon Family Groups is a worldwide fellowship for the family and friends of those suffering from the disease of addiction. As a Twelve-Step program, we offer our help by sharing our experience, strength, and hope. The Nar-Anon program is based on a set of spiritual principles and has no affiliation with any particular denomination. We have no dues or fees. The only requirement for membership is a problem of addiction in a relative or friend.

Enclosed you will find Nar-Anon literature. This literature describes the benefits, renewed hope, and confidence the Nar-Anon program has brought to thousands of people whose lives have been adversely impacted by another’s addiction.

If you have questions or would like additional information, please contact us.

_______________________________________
Contact Name

_______________________________________
Telephone Contact Number

_______________________________________
Email Contact
Form provided by:
Nar-Anon Family Group Headquarters, Inc.
23110 Crenshaw Blvd., Suite A
Torrance, CA  90505
(800) 477-6291
www.nar-anon.org

This page may be photocopied
ATTACHMENT #11

Motion 41, "Outreach Information Cover Sheet for Professionals"

We are reaching out to you in an effort to increase awareness of Nar-Anon Family Groups - a Twelve Step fellowship that offers a recovery program for those affected by someone's addiction. The disease of addiction can affect family members and friends of addicts physically, emotionally, and spiritually. In our group meetings we share our experience, strength, and hope to help each other and ourselves. Nar-Anon meetings can provide support and hope to those affected by a relative or friend's addiction.

Nar-Anon is based on a set of spiritual principles and has no affiliation with any particular religion. There are no dues or fees. The only requirement for membership is a problem of addiction in a relative or friend. Nar-Anon cooperates, but is not affiliated with, Narcotics Anonymous. We carry the message of hope as we bring awareness of our program into the community. Cooperative efforts could include community and professional awareness meetings or presentations, health fair or conference Outreach tables or workshops, PSA's, information lines, meeting lists, and informational meetings for family or friends of addicts at recovery centers.

The Nar-Anon program has brought renewed hope and confidence to thousands of people whose lives have been adversely impacted by another's addiction. Since you may have contact with friends and families of addicts, we would like to be a resource for them and appreciate you making information about Nar-Anon available to them.

Enclosed you will find literature that can be shared. Please contact us if you have questions or would like additional information. Thank you for your interest and assistance in sharing this information with family members and friends of addicts.

Contact Name

Contact Phone #/ email address

Form provided by:
Nar-Anon Family Group Headquarters, Inc.
23110 Crenshaw Blvd., Suite A
Torrance, CA 90505
(800) 477-6291
www.nar-anon.org

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