

**Nomination Form**

South Vancouver Island Area Service Committee of NA

*All nominations must be seconded UNLESS nominated by an Area Subcommittee*

**Date:** \_\_\_\_\_

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

**Member Nominated:** \_\_\_\_\_

**Nominated By:** \_\_\_\_\_ **Seconded By:** \_\_\_\_\_

**Accepted by Nominee:** \_\_\_\_\_

*Please sign here if accepting nomination*

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