**Saginaw Bay Area Service Committee of Narcotics Anonymous**

**Discussion Topic (or) Motion Form**

**Maker** (group, member)**:**

**Discussion Topic (or) Motion:**

**Intent:**

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* turn form into the secretary - **DO NOT FILL OUT** - secretary use only

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**Second made by: Motion #:**

**BELOW THIS LINE**

**Cons**:

**Pros:**

If you cannot attend the Area meeting, please mail in or have your motion presented for you. The address is: **SBASCNA, PO BOX 51, BAY CITY, MI 48707-0051**