

NECS New Group Form

Group Information	Group Start Date:	
Group Name	Group City	District (if known)

Person Submitting this form (in case we have questions)	
Name:	
Email:	Phone:

Meeting Place (building description)
Street Address
City, State, Zip
Location info (use South entrance, directions to meeting room, etc.)

Group Contact Information		
Central Service Rep (CSR)	CSR Email	CSR Phone
GSR/Alt CSR	GSR/Alt CSR Email	GSR/Alt CSR Phone
Treasurer	Treasurer Email	Treasurer Phone

Please complete meeting section on page 2

