Dear Fellow Member:

One of the major problems associated with getting the review copy of our book to the entire Fellowship was the absence of an accurate, up-to-date World Directory. As a result, members of the Literature Committee spent many hours on the telephone verifying addresses. This was also costly.

However, the time and money were both well spent, because we now have available to us a comprehensive mailing list. Nonetheless, we do not feel that even this mailing list is a complete list of every committee, group or loner in our rapidly growing, worldwide Fellowship.

In order to assure that future Literature Committee efforts do not face the same problem with mailings, we propose to publish our mailing list for future reference. This list will also be made available to other Committee chairmen for their mail efforts. In addition, this mailing list, after further verification and some updating, will in effect become a current World Directory.

In order to assure as accurate an accounting of every group and meeting available, please fill out the enclosed questionnaire and return it to us at the above address. Please make every effort to see that every group, service committee, hospital or institution meeting, and loner in your area gets a copy of the questionnaire, fill out the questionnaire and return it promptly.

Second only to the book, the request most frequently received from you has been the cry for a World Directory. If the questionnaires are returned promptly, a World Directory this summer will be possible.

In loving service,

Roger T.
For: WSC-Literature Committee
LITERATURE COMMITTEE QUESTIONNAIRE - PART I
For Regional & Area Service Committee Chairmen

A. Committee's Name: ____________________________________________
   Mailing Address: ____________________________________________
   City: __________________________ State: ______ Zip: ______
   Telephone: A/C (_____) __________________
   24-Hour Hot Line (where available): A/C (_____) ____________

B. Chairman's Name: __________________________________________
   Mailing Address: __________________________________________
   City: __________________________ State: ______ Zip: ______
   Telephone: A/C (_____) __________________

C. How many areas/groups are represented by your committee? ______
   What specific geographic area is served by your committee? _____

D. (Circle where appropriate) Is your committee/region/area served
   by any of the following committees/sub-committees?:
   LITERATURE     HOSPITALS & INSTITUTIONS    PUBLIC INFORMATION
   OTHER (describe):________________________________________

E. Please include with this questionnaire a meeting directory, if one
   is available for your region/area.
   Also, please include (on a separate sheet of paper) the names, ad-
   dresses (with zip code) and telephone numbers for all committee or
   sub-committee chairmen based on your response to section D above.
   Please identify each chairman as to which committee/sub-committee
   he/she chairs.

F. REMARKS: (Please describe any specific areas where our service
   structure may better serve your area/region. Any remarks not per-
   tinent to the Literature Committee will be passed to that Trusted
   Servant better able to help you. Use a separate sheet of paper
   if necessary.)
LITERATURE COMMITTEE QUESTIONNAIRE - PART II
For Group Representatives

A. Group's Name:__________________________________________
Mailing Address:________________________________________
City:_________________ State:_______ Zip:_______
Telephone: A/C (______) __________________________
24-Hour Hot Line (where available): A/C (______) __________________

B. Location of Meeting:*______________________________
Address:____________________________________________
City:_________________________________________________
Special Instructions/Directions:_________________________

*Is the location a church, recreation center, private residence, union hall, etc.

C. Number of meetings per week:_________________________
Meeting time: _______ (Circle) Days: Sun Mon Tue Wed Thu Fri Sat
Average attendance at meetings:_________________________
Type meeting (speaker, discussion, etc.)_________________

Are above meetings open or closed?_______________________

D. On a separate sheet of paper include the names, addresses and telephone numbers for the following trusted servants:
   1. General Service Representative
   2. Secretary
   3. Literature Chairman/Representative
   4. Hospitals & Institutions Chairman/Representative
   5. Public Information Chairman/Representative
   6. Other Committee Chairmen/Representatives

E. REMARKS: (Please describe any specific areas where our service structure may better serve your group. Any remarks not pertinent to the Literature Committee will be passed to that Trusted Servant better able to help you. Use a separate sheet of paper if necessary.)
LITERATURE COMMITTEE QUESTIONNAIRE - PART IV
For the N.A. Loner

A. Your Name:______________________________
Mailing Address:______________________________
City:________________ State:____ Zip:____
Telephone: A/C (_____ )____________________

B. Name & Location of nearest N.A. group/meeting:________________________

How often are you able to attend meetings?_______________________________

Are you in possession of N.A. literature?_______________________________
What is your principle source of literature?______________________________

C. Circle those which apply to you: U.S. MILITARY SERVICE
U.S. MERCHANT SEAMAN  RESIDENT OF FOREIGN COUNTRY (Outside U.S.)
TRAVEL FREQUENTLY  PRIMARY LANGUAGE OTHER THAN ENGLISH
RESIDE IN REMOTE AREA  NO NEARBY N.A. FELLOWSHIP/GROUP

D. If you live in a remote area, what is the next nearest major city?________________________ Distance:

E. If your primary language is other than English, or you reside in a foreign country, do you have any foreign-language translations of N.A. literature available?________________________
   If a translation is available, which language ___________ and furnish the Literature a copy of the translation, identifying for us the source of the translation.

F. REMARKS: (How can the N.A. service structure better serve you and your area? Use as many extra sheets of paper as necessary.)
LITERATURE COMMITTEE QUESTIONNAIRE - PART III
For the Professional & Other Friends of NA

A. Your Name: __________________________________________
   Title: _______________________________________________
   Mailing Address: ______________________________________
   City: ___________________________ State: ______ Zip: _____

B. Name of Institution: _________________________________
   Address: ___________________________________________
   City: ___________________________ State: ______ Zip: _____
   Telephone: A/C (____) ________________________________

C. Kind of Institution:*
   *(Hospital, halfway house, prison, work-release center, rehabilitation/treatment center, etc.)
   Your Position:+
   +(Director, counselor, therapist, etc.)

D. Are N.A. meetings regularly held at the above institution?____
   If yes, give day: _________________ time: _______________
   Are these meetings open to any N.A. member or drug addict who
   wishes to attend, or are they designed to accommodate only the
   residents/clients of the institution?

E. Is N.A. literature readily available at the institution?____
   What is your source of supply for N.A. literature?________

F. What N.A. group (name & location) sponsors or helps conduct the
   meetings at the institution? ____________________________

G. REMARKS: (How can N.A. better serve you, the institution, and the
   clients/residents, in keeping with the Twelve Traditions of N.A.? Use a separate sheet of paper if necessary.)