Meeting Attendance



Meeting Site: Meeting Date:

Returning attendees, please find your name and check the box for this month's meeting. **New attendees,** please write in your name, permission, and the month. You will also need to complete a New Attendee Information form, from which we will get your complete contact information.

Name	Phone	Email Address	OK to Share*	JAN	FEB	MAR	APR	MAY	NOr	JUL	AUG	SEP	OCT	NO NO	DEC
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^{*}checking this column indicates that it is alright to share your contact information with other members of the group