



Dual Diagnosis Anonymous of Oregon, Inc. Group Meeting Record

Meeting Location: _____

Chairperson first name: _____

Secretary first name: _____

Date: _____

Meeting Day/Time: _____

ATTENDANCE

EXPENSES

CHAPTER FUNDS

Men		Refreshments	\$	Previous Balance	\$
Women		Supplies (meeting)	\$	Collection	\$
Guests		Other expenses, e.g.	\$	New Balance	\$
		DDA, Inc. Support*		Total Expenses	\$
TOTAL		TOTAL	\$	Ending Balance	\$

***Each chapter should maintain a prudent reserve according to the group consciousness; funds in excess may be sent to DDA.**

Announcements/Comments:

Please list all consumer support activities during the week (e.g., transportation, phone/crisis contacts, basic needs— food, shelter, clothing, etc.):



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