



**Seacoast Area Narcotics Anonymous**  
**Motion Form**

Motion Number: \_\_\_\_\_

Maker of the Motion: \_\_\_\_\_

Second (if required) \_\_\_\_\_

Motion: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Intent: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will this affect Policy?\_ Yes \_\_\_\_ No \_\_\_\_

Vote: Yes \_\_\_\_ No \_\_\_\_ Abstain \_\_\_\_