



Pennsylvania
Department of State

Support Group Attendance Record

Month/Year: _____ (Record One Month Per Sheet)

Due by the 5th of Each Month

Name: _____

License Number: _____

Group: _____

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* Signature must be provided by licensee's sponsor, meeting chairperson, or group secretary.

Sponsor's name (use 1st name, last initial): _____

Home Group: _____



Pennsylvania
Department of State

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Professional Support Groups

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