



**M.R.S.C.N.A.**  
Michigan Regional Service Committee of Narcotics Anonymous  
**Regional Committee Member (RCM) Report**

Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
Area: \_\_\_\_\_  
Area Meeting Location: \_\_\_\_\_  
Area Meeting Day / Time: \_\_\_\_\_

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**AREA INFORMATION**

Number of Groups..... \_\_\_\_\_  
Number of Meetings..... \_\_\_\_\_  
Number of H&I Meetings..... \_\_\_\_\_  
Total 7<sup>th</sup> Tradition Collected..... \_\_\_\_\_  
Region Donation..... \_\_\_\_\_

**AREA CONTACT INFORMATION**

	PHONE	EMAIL
RCM _____		
RCM alt _____		
Area Chair _____		
H&I Chair _____		
PI Chair _____		
Web Servant _____		

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