



**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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**REPORT:**