

**MID-ATLANTIC REGION OF N.A.
REGIONAL SERVICE COMMITTEE
RCM REPORTING FORM
(PLEASE PRINT CLEARLY)**

Date: _____

Area's Full Name: _____

Area's Mailing Address: _____ Helpline: () _____

City: _____ State: _____ Zip Code: _____

RCM: _____

RCMA: _____

Number of Groups in Area: _____ Number of H&I Presentations: _____ Donation to Region: \$ _____

List of Active Subcommittees: _____

Area Newsletter? If yes please supply name and address: _____

Area Website? If yes please supply web address: _____

Upcoming Events or Functions: _____

Report: _____

