



REGIONAL COMMITTEE MEMBER

Monthly Regional Area Report

Regional Area: _____

RCM Name: _____

Contact Information: _____

Last ASC Meeting: _____ **Next ASC Meeting:** _____

Number of Area Group Meetings: _____

I. Area Finances:

Opening Balance: \$ _____ **Income:** \$ _____

Regional Donation: \$ _____ **Regional H&I Can Donation:** \$ _____

Literature Purchase: \$ _____ **Expenses :** \$ _____

Closing Balance: \$ _____

II. Positions Vacant:

III. Issues of Concern:

IV. General Area Information:

Please attach any New Group Registration Forms, Group Update Forms, and any upcoming Area activities and/or Events (with date, type, location, and time) to this report