

NA World Services



REGIONAL SERVICE COMMITTEE REGISTRATION / UPDATE FORM

This form can be completed online at www.na.org/updateforms/newregfm.htm.

Visit www.na.org/?ID=subscribe or call 818.773.9999 x771 for information about free communications from NAWS

Regional Service Committee (RSC) Mailing Address (Please print clearly)

Committee Name	Today's Date	
Address/PO Box		
City	State/Prov	Zip/Postal
Country	Committee was formed in month/year?	
Regional Helpline Number ()	Helpline is based in what city?	
Webpage URL address		
What NA Area Service Committees are in	ncluded in this NA Region? (please j	provide complete committee names, if known)
D : 1D1 / N /6 / 6	1 ()	
Regional Delegate Name (first &	last)	
Address		
City	State/Prov	Zip/Postal
Country	Phone ()
Email Address		
Alternate Delegate Name (first &	: last)	
Address		
City	State/Prov	Zip/Postal
Country	Phone ()
Email Address		
Regional Service Committee Cor	ıtact	
This is typically contact information and a mai		
NA World Services to the RSC if the RD or Al frequently receives requests for contacts from		e a current RSC trusted servant. NA World Services us to better respond to those requests.
Name (first & last)		
Address		
City	State/Prov	Zip/Postal
Country	Phone ()
Email Address	1 Hone (,

Regional Service Office Address (if applicable)

RSO Name			
Address			
City	State/Prov	Zip/Postal	
Country	Phone ()	
Email Address			
Contact Name (first & last)			
Hospitals & I	contact information for the following trusted serunstitutions, Literature Distribution, Literature Re Phoneline, Public Information/Public Relation use the following section to forward any of the a	ns, and Website.	
Name (first & last)	Position:	Position:	
Address			
City	State/Prov	Zip/Postal	
Country	Phone ()	
Email Address			
Name (first & last)	Position:		
Address			
City	State/Prov	Zip/Postal	
Country	Phone ()	
Email Address			
N. (C. (O.1. ()	P. 111		
Name (first & last)	Position:		
Address	Ct 1 /D	7: /0 + 1	
City	State/Prov	Zip/Postal	
Country	Phone ()	
Email Address			
Name (first & last)	Position:	:	
Address			
City	State/Prov	Zip/Postal	
Country	Phone ()	
Email Address			