

**Georgia Region of NA History Book Project**  
**Interview Referral Form**  
(form should be given to RCM)

Today's Date: \_\_\_\_\_

**MEMBER BEING REFERRED FOR AN INTERVIEW:**

Name: \_\_\_\_\_ Clean Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Month Day Year*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Your Area: \_\_\_\_\_

**REFERRING MEMBER:**

Name: \_\_\_\_\_ Clean Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Month Day Year*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Your Area: \_\_\_\_\_

**ADDITIONAL COMMENTS:**

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