

AMERICAN COUNCIL ON ADDICTION AND ALCOHOL PROBLEMS
State Affiliate Report Form

Name of Organization _____

Address _____

City, State Zip _____

Executive Officer _____

Highlights of Legislative Activity

Highlights of Educational Activity

Other Highlights

(Major emphasis, special projects and/or noteworthy events)

Listing of Original Materials Produced

(books, pamphlets, AV's etc.; list item, description, price)

Areas of Expertise

(Technical assistance you can share with ACAP affiliates)

(Use back of page to complete form and for other comments.)