

ALCOHOLICS ANONYMOUS DISTRICT INFORMATION CHANGE FORM

Area: 14

Effective Date: _____

<p>Outgoing DCM (District Committee Member)</p> <p>District: _____ Language of District: (Please indicate District #) English <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/></p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State/Province: _____</p> <p>Zip/Postal Code: _____</p> <p>Phone: _____ Home <input type="checkbox"/> Business <input type="checkbox"/></p> <p>E-mail: _____</p>	<p>Incoming DCM (District Committee Member)</p> <p>District: _____ Language of District: (Please indicate District #) English <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/></p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State/Province: _____</p> <p>Zip/Postal Code: _____</p> <p>Phone: _____ Home <input type="checkbox"/> Business <input type="checkbox"/></p> <p>E-mail: _____</p>
<p>Outgoing DCMC (District Committee Meeting Chair)</p> <p>District: _____ (Please indicate District #)</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State/Province: _____</p> <p>Zip/Postal Code: _____</p> <p>Phone: _____ Home <input type="checkbox"/> Business <input type="checkbox"/></p> <p>E-mail: _____</p>	<p>Incoming DCMC (District Committee Meeting Chair)</p> <p>District: _____ (Please indicate District #)</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State/Province: _____</p> <p>Zip/Postal Code: _____</p> <p>Phone: _____ Home <input type="checkbox"/> Business <input type="checkbox"/></p> <p>E-mail: _____</p>
<p>Outgoing Alt. DCM (Alternate DCM)</p> <p>District: _____ (Please indicate District #)</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State/Province: _____</p> <p>Zip/Postal Code: _____</p> <p>Phone: _____ Home <input type="checkbox"/> Business <input type="checkbox"/></p> <p>E-mail: _____</p>	<p>Incoming Alt. DCM (Alternate DCM)</p> <p>District: _____ (Please indicate District #)</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State/Province: _____</p> <p>Zip/Postal Code: _____</p> <p>Phone: _____ Home <input type="checkbox"/> Business <input type="checkbox"/></p> <p>E-mail: _____</p>

Please return to Area Registrar or:

A.A. World Services, Inc.
 Records Department
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 New York, NY 10163