

Alcoholics Anonymous District Information Change Form

To be forwarded to Area 14 Registrar to make updates to General Service Office records
Please provide as much information as possible

Area	14	District Service Number		Date	
District		Language of District:	English __ Spanish __ French __		

Outgoing DCM (District Committee Member)

Incoming DCM (District Committee Member)

Name: _____
 Street: _____
 City/St/Zip: _____
 Phone: _____
 Email: _____

Name: _____
 Street: _____
 City/St/Zip: _____
 Phone: _____
 Email: _____

Receive Area 14 Minutes by: Email USPS

Outgoing Alt. DCM (Alternate District Committee Member)

Incoming Alt. DCM (Alternate District Committee Member)

Name: _____
 Street: _____
 City/St/Zip: _____
 Phone: _____
 Email: _____

Name: _____
 Street: _____
 City/St/Zip: _____
 Phone: _____
 Email: _____

Receive Area 14 Minutes by: Email USPS

Outgoing District Committee Chair

Incoming District Committee Chair

NAME OF COMMITTEE: _____

Name: _____
 Street: _____
 City/St/Zip: _____
 Phone: _____
 Email: _____

Name: _____
 Street: _____
 City/St/Zip: _____
 Phone: _____
 Email: _____

Receive Area 14 Minutes by: Email USPS

Signature

DCM: _____ **Date:** _____

Return this form to North Florida Registrar:

Registrar
POBox 15504
Brooksville, FL 34604 or
registrar@aanorthflorida.org