

ALCOHOLICS ANONYMOUS DISTRICT INFORMATION CHANGE FORM

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

Please return to Area Registrar or:

**A.A. World Services, Inc. Records
 Department P.O. Box 459, Grand
 Central Station New York, NY 10163**