

ALCOHOLICS ANONYMOUS DISTRICT INFORMATION CHANGE FORM

Area: _____

Effective Date: _____

<p><u>Outgoing DCM</u> (District Committee Member)</p> <p>District: _____ Language of District: <i>(Please indicate District #)</i> 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><u>Incoming DCM</u> (District Committee Member)</p> <p>District: _____ Language of District: <i>(Please indicate District #)</i> 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><u>Outgoing DCMC</u> (District Committee Meeting Chair)</p> <p>District: _____ <i>(Please indicate District #)</i></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><u>Incoming DCMC</u> (District Committee Meeting Chair)</p> <p>District: _____ <i>(Please indicate District #)</i></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><u>Outgoing Alt. DCM</u> (Alternate DCM)</p> <p>District: _____ <i>(Please indicate District #)</i></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><u>Incoming Alt. DCM</u> (Alternate DCM)</p> <p>District: _____ <i>(Please indicate District #)</i></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
 P.O. Box 459, Grand Central Station
 New York, NY 10163**