

## ALCOHOLICS ANONYMOUS DISTRICT INFORMATION CHANGE FORM

Area: \_\_\_\_\_

Effective Date: \_\_\_\_\_

|   |   |
|---|---|
| <p><b>Outgoing DCM</b> (District Committee Member)</p> <p><b>District:</b> _____      <b>Language of District:</b><br/> <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: _____<br/>                              Home <input type="checkbox"/>                      Business <input type="checkbox"/></p> <p>E-mail: _____</p> | <p><b>Incoming DCM</b> (District Committee Member)</p> <p><b>District:</b> _____      <b>Language of District:</b><br/> <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: _____<br/>                              Home <input type="checkbox"/>                      Business <input type="checkbox"/></p> <p>E-mail: _____</p> |
| <p><b>Outgoing DCMC</b> (District Committee Meeting Chair)</p> <p><b>District:</b> _____<br/> <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: _____<br/>                              Home <input type="checkbox"/>                      Business <input type="checkbox"/></p> <p>E-mail: _____</p>  | <p><b>Incoming DCMC</b> (District Committee Meeting Chair)</p> <p><b>District:</b> _____<br/> <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: _____<br/>                              Home <input type="checkbox"/>                      Business <input type="checkbox"/></p> <p>E-mail: _____</p>  |
| <p><b>Outgoing Alt. DCM</b> (Alternate DCM)</p> <p><b>District:</b> _____<br/> <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: _____<br/>                              Home <input type="checkbox"/>                      Business <input type="checkbox"/></p> <p>E-mail: _____</p>   | <p><b>Incoming Alt. DCM</b> (Alternate DCM)</p> <p><b>District:</b> _____<br/> <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: _____<br/>                              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**