

ALCOHOLICS ANONYMOUS DISTRICT INFORMATION CHANGE FROM

Effective Date: _____

Area: _____

Incoming DCM					
District Committee Member:					District:
Address:					
City / State / Province:				Zip / Postal Code:	
Phone:			Home		Business
					<i>(Check One)</i>
Outgoing DCM					
District Committee Member:					District:
Address:					
City / State / Province:				Zip / Postal Code:	
Phone:			Home		Business
					<i>(Check One)</i>

Incoming DCMC					
District Committee Meeting Chair:					District:
Address:					
City / State / Province:				Zip / Postal Code:	
Phone:			Home		Business
					<i>(Check One)</i>
Outgoing DCMC					
District Committee Meeting Chair:					District:
Address:					
City / State / Province:				Zip / Postal Code:	
Phone:			Home		Business
					<i>(Check One)</i>

Incoming Alternate DCM					
Alternate DCM:					District:
Address:					
City / State / Province:				Zip / Postal Code:	
Phone:			Home		Business
					<i>(Check One)</i>
Outgoing Alternate DCM					
Alternate DCM:::					District:
Address:					
City / State / Province:				Zip / Postal Code:	
Phone:			Home		Business
					<i>(Check One)</i>

Please return to:

A.A. World Services
 Records Department
 PO Box 459, Grand Central Station
 New York, NY 10163