

# ALCOHOLICS ANONYMOUS DISTRICT INFORMATION CHANGE FORM

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

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

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**Outgoing DCM** (District Committee Member)  
**District:** \_\_\_\_\_ **Language of District:** \_\_\_\_\_  
 (Please indicate District #) English  Spanish  French

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State/Province: \_\_\_\_\_  
 Zip/Postal Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

**Outgoing DCMC** (District Committee Meeting Chair)  
**District:** \_\_\_\_\_ **Language of District:** \_\_\_\_\_  
 (Please indicate District #) English  Spanish  French

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State/Province: \_\_\_\_\_  
 Zip/Postal Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

**Outgoing Alt DCM** (Alternate DCM)  
**District:** \_\_\_\_\_ **Language of District:** \_\_\_\_\_  
 (Please indicate District #) English  Spanish  French

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State/Province: \_\_\_\_\_  
 Zip/Postal Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

**Incoming DCM** (District Committee Member)  
**District:** \_\_\_\_\_ **Language of District:** \_\_\_\_\_  
 (Please indicate District #) English  Spanish  French

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State/Province: \_\_\_\_\_  
 Zip/Postal Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

**Incoming DCMC** (District Committee Meeting Chair)  
**District:** \_\_\_\_\_ **Language of District:** \_\_\_\_\_  
 (Please indicate District #) English  Spanish  French

Name: \_\_\_\_\_  
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 Business Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

**Incoming Alt DCM** (Alternate DCM)  
**District:** \_\_\_\_\_ **Language of District:** \_\_\_\_\_  
 (Please indicate District #) English  Spanish  French

Name: \_\_\_\_\_  
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 E-Mail: \_\_\_\_\_

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