

U.S. and Canada

A.A. English District Committee Member & District Committee Member Chair Change Form

Area: _____

Effective Date: _____

<p><u>Outgoing DCM</u> (District Committee Member)</p> <p>District: _____ <u>Language of District:</u> (Please indicate District #) 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: _____</p> <p align="center">Home <input type="checkbox"/> Business <input type="checkbox"/></p> <p>Email: _____</p>	<p><u>Incoming DCM</u> (District Committee Member)</p> <p>District: _____ <u>Language of District:</u> (Please indicate District #) 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: _____</p> <p align="center">Home <input type="checkbox"/> Business <input type="checkbox"/></p> <p>Email: _____</p>
<p><u>Outgoing DCMC</u> (District Committee Member Chair)</p> <p>District: _____ <u>Language of District:</u> (Please indicate District #) 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: _____</p> <p align="center">Home <input type="checkbox"/> Business <input type="checkbox"/></p> <p>Email: _____</p>	<p><u>Incoming DCMC</u> (District Committee Member Chair)</p> <p>District: _____ <u>Language of District:</u> (Please indicate District #) 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: _____</p> <p align="center">Home <input type="checkbox"/> Business <input type="checkbox"/></p> <p>Email: _____</p>

Please return to:

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

Or fax to:

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