

**U.S. and Canada
A.A. District Committee Member & District Committee Meeting Chair Change
Form**

Area #: _____

Effective Date: _____

<p>Outgoing DCM (District Committee Member)</p> <p>District: _____ (Please indicate District #)</p> <p>District Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State/Province: _____</p> <p>Postal Code: _____</p> <p>Email: _____</p> <p>Telephone: _____</p> <p style="text-align: center;">Home <input type="checkbox"/> Business <input type="checkbox"/></p>	<p>Incoming DCM (District Committee Member)</p> <p>District: _____ (Please indicate District #)</p> <p>District Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State/Province: _____</p> <p>Postal Code: _____</p> <p>Email: _____</p> <p>Telephone: _____</p> <p style="text-align: center;">Home <input type="checkbox"/> Business <input type="checkbox"/></p>
<p>Outgoing Alt. DCM (Alt. District Committee Member)</p> <p>District: _____ (Please indicate District #)</p> <p>District Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State/Province: _____</p> <p>Postal Code: _____</p> <p>Email: _____</p> <p>Telephone: _____</p> <p style="text-align: center;">Home <input type="checkbox"/> Business <input type="checkbox"/></p>	<p>Incoming Alt. DCM (Alt. District Committee Member)</p> <p>District: _____ (Please indicate District #)</p> <p>District Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State/Province: _____</p> <p>Postal Code: _____</p> <p>Email: _____</p> <p>Telephone: _____</p> <p style="text-align: center;">Home <input type="checkbox"/> Business <input type="checkbox"/></p>
<p>Outgoing DCMC (District Committee Meeting Chair)</p> <p>District: _____ (Please indicate District #)</p> <p>District Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State/Province: _____</p> <p>Postal Code: _____</p> <p>Email: _____</p> <p>Telephone: _____</p> <p style="text-align: center;">Home <input type="checkbox"/> Business <input type="checkbox"/></p>	<p>Incoming DCMC (Alt District Committee Meeting Chair)</p> <p>District: _____ (Please indicate District #)</p> <p>District Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State/Province: _____</p> <p>Postal Code: _____</p> <p>Email: _____</p> <p>Telephone: _____</p> <p style="text-align: center;">Home <input type="checkbox"/> Business <input type="checkbox"/></p>

Please return to: **A.A.W.S., Inc. Attn: Records Department**

By Mail: **P.O. Box 459, Grand Central Station, New York, NY 10016**

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