

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 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>

RETURN THIS FORM TO

Area 81 Registrar

PO Box 847

Cornwall, PE

C0A 1H0

E-Mail: registrar@area81aa.ca

Once complete information is entered into the database by GSO or the Area Registrar a request for a DCM kit will be generated the next business day. Kit contents are available by selecting the "Information for A.A. Members" tab then selecting "Information for G.S.R.s and DCMs" on www.aa.org. Please allow 7-14 business days for kit delivery.