

# ALCOHOLICS ANONYMOUS DISTRICT INFORMATION CHANGE FROM

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

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

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

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

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

**Please return to either:**

CMIA Registrar  
Registrar@cmia32.org

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

*CMIA32 Registrar R1 2017*