ALCOHOLICS ANONYMOUS DISTRICT INFORMATION CHANGE FROM

Effective Date:				Area:					
Incoming DCM									
District Committee Member:						Dis	strict:		
Address:		T							T
City / State / Province:				Zip / Postal			stal C	ode:	
Phone:		Home		Business		(Check One)			
Outgoing DCM									
District Committee Member:				District:					
Address:									
City / State	/ Province:	Zip / Postal 0			stal C	Code:			
Phone:				Home		Business		(Chec	ck One)
Incoming DCMC									
District Committee Meeting Chair:					District:				
Address:									
City / State	/ Province:					Zip / Pos	stal C	ode:	
Phone:				Home		Business		(Chec	ck One)
Outgoing DCMC									
District Committee Meeting Chair:				Distric			strict:		
Address:									
City / State / Province:				Zip / Postal C				ode:	
Phone:				Home		Business		(Chec	ck One)
							•		
Incoming Alternate DCM									
Alternate DCM:						Dis	strict:		
Address:									
City / State / Province:					Zip / Postal Co			ode:	
Phone:				Home		Business		(Chec	ck One)
Outgoing Alternate DCM									
Alternate DCM:: District:									
Address:									
City / State	/ Province:			Zip / Po:	stal C	ode:			
Phone:				Home		Business		(Chec	ck 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