

ALCOHOLICS ANONYMOUS DISTRICT INFORMATION CHANGE FROM

Effective Date: _____

Area: _____

Incoming DCM			
District Committee Member:		District:	
Address:			
City / State / Province:		Zip / Postal Code:	
Phone:		<i>e-mail</i>	
Outgoing DCM			
District Committee Member:		District:	
Address:			
City / State / Province:		Zip / Postal Code:	
Phone:		<i>e-mail</i>	

Incoming ACM			
Alternate Committee Member:		District:	
Address:			
City / State / Province:		Zip / Postal Code:	
Phone:		<i>e-mail</i>	
Outgoing ACM			
Alternate Committee Chair:		District:	
Address:			
City / State / Province:		Zip / Postal Code:	
Phone:		<i>e-mail</i>	

Incoming District Officer			
Position:		District:	
Address:			
City / State / Province:		Zip / Postal Code:	
Phone:		<i>e-mail</i>	
Outgoing District Officer			
Position		District:	
Address:			
City / State / Province:		Zip / Postal Code:	
Phone:		<i>e-mail</i>	

Please return to:

Area 15 Registrar PO Box 561715 Miami, FL 33256-1715

Registrar@area15aa.org