

ALCOHOLICS ANONYMOUS AREA COMMITTEE INFORMATION CHANGE FROM

Effective Date: _____

Area: _____

| | | | |
|------------------------------|--|--------------------|--|
| New Area Officer Name | | | |
| Position | | Committee: | |
| Address: | | | |
| City / State / | | Zip / Postal Code: | |
| Phone: | | <i>e-mail</i> | |
| Outgoing Officer Name | | | |
| Position | | Committee: | |
| Address: | | | |
| City / State / | | Zip / Postal Code: | |
| Phone: | | <i>e-mail</i> | |

| | | | |
|------------------------------|--|--------------------|--|
| New Area Officer Name | | | |
| Position | | Committee: | |
| Address: | | | |
| City / State / | | Zip / Postal Code: | |
| Phone: | | <i>e-mail</i> | |
| Outgoing Officer Name | | | |
| Alternate Committee Chair: | | Committee: | |
| Address: | | | |
| City / State / | | Zip / Postal Code: | |
| Phone: | | <i>e-mail</i> | |

| | | | |
|------------------------------|--|--------------------|--|
| New Area Officer Name | | | |
| Position: | | Committee: | |
| Address: | | | |
| City / State / | | Zip / Postal Code: | |
| Phone: | | <i>e-mail</i> | |
| Outgoing Officer Name | | | |
| Position | | Committee: | |
| Address: | | | |
| City / State / | | Zip / Postal Code: | |
| Phone: | | <i>e-mail</i> | |

Please return to:

Area 15 Registrar
 PO Box 561715
 Miami, FL 33256-1715
Registrar@area15aa.org