

**U.S. and Canada**

**A.A. District Committee Member & District Committee Member Chair Change Form**

**Area#:** \_\_\_\_\_

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

<p><b>Outgoing DCM</b> (District Committee Member) District: _____ (Please indicate District #) District Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French Name: _____ Address: _____ City: _____ State/Province: _____ Zip/Postal Code: _____ Email: _____ Phone: _____ <input type="checkbox"/> Home    <input type="checkbox"/> Business</p>	<p><b>Incoming DCM</b> (District Committee Member) District: _____ (Please indicate District #) District Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French Name: _____ Address: _____ City: _____ State/Province: _____ Zip/Postal Code: _____ Email: _____ Phone: _____ <input type="checkbox"/> Home    <input type="checkbox"/> Business</p>
<p><b>Outgoing DCMC</b> (District Committee Meeting Chair) District: _____ (Please indicate District #) District Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French Name: _____ Address: _____ City: _____ State/Province: _____ Zip/Postal Code: _____ Email: _____ Phone: _____ <input type="checkbox"/> Home    <input type="checkbox"/> Business</p>	<p><b>Incoming DCMC</b> (District Committee Meeting Chair) District: _____ (Please indicate District #) District Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French Name: _____ Address: _____ City: _____ State/Province: _____ Zip/Postal Code: _____ Email: _____ Phone: _____ <input type="checkbox"/> Home    <input type="checkbox"/> Business</p>

**Please return to:**

**A.A. World Services, Inc.  
Records Department  
P.O. Box 459, Grand Central Station  
New York, NY 10163**

**Or fax to:**

**(212) 870-3003  
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