

## A.A. District Committee Member & District Committee Meeting Chair Change Form

Area #: 34 \_\_\_\_\_

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

### **Outgoing DCM** (District Committee Member)

District: \_\_\_\_\_ (Please indicate District #)

District Language: \_\_\_\_\_ English \_\_\_\_\_ Spanish

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

### **Incoming DCM** (District Committee Member)

District: \_\_\_\_\_ (Please indicate District #)

District Language: \_\_\_\_\_ English \_\_\_\_\_ Spanish

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

### **Outgoing DCMC** (District Committee Member Chair)

District: \_\_\_\_\_ (Please indicate District #)

District Language: \_\_\_\_\_ English \_\_\_\_\_ Spanish

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

### **Incoming DCMC** (District Committee Member Chair)

District: \_\_\_\_\_ (Please indicate District #)

District Language: \_\_\_\_\_ English \_\_\_\_\_ Spanish

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Return this form to: Area 34 Registrar, 352 S. 2nd Ave., Fruitport, MI 49415 or [directoriesarea34@gmail.com](mailto:directoriesarea34@gmail.com)

Once complete information is entered into the database by GSO or the Area Registrar a request for a DCM kit will be generated the next business day. Kit contents are available by selecting the "Information for A.A. Members" tab then selecting "Information for G.S.R.s and DCMs" on [www.aa.org](http://www.aa.org). Please allow 7-14 business days for kit delivery.